

Wasteful and Inappropriate Service Reduction (WISeR) Model Provider Factsheet

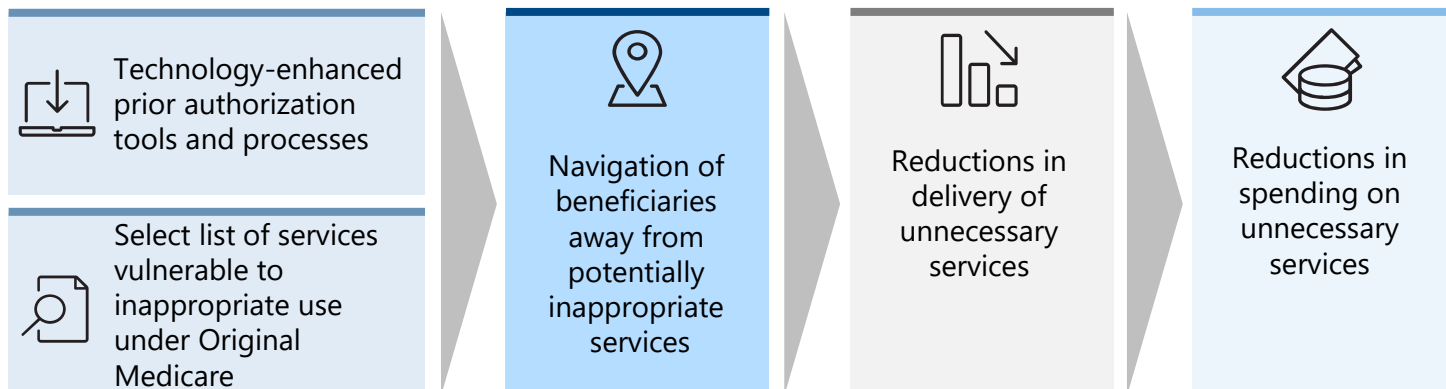
WISeR MODEL OVERVIEW



Problem: Waste in health care can not only harm patients but also contributes to up to [25% of health care spending](#) in the United States. Wasteful, low-value services often have limited clinical evidence of effectiveness, may not align with an individual's specific health condition or needs, or can lead to complications and further unneeded services.



Solution: The WISeR Model will help reduce clinically unsupported care by working with companies experienced in using enhanced technologies to expedite and improve the review process for a pre-selected set of services that are vulnerable to fraud, waste, and abuse.



MODEL PARTICIPANTS AND IMPACTED PROVIDERS



Selected Model Participants (Technology Companies) and the Medicare Administrative Contractor (MAC) Jurisdiction and State

Model Participant Name	MAC Jurisdiction	State
Cohere Health, Inc.	JH Novitas	Texas
Genzeon Corporation	JH Novitas	New Jersey
Humata Health, Inc.	JH Novitas	Oklahoma
Innovaccer Inc.	J15 CGS	Ohio
Virtix Health LLC	JF Noridian	Washington
Zyter Inc.	JF Noridian	Arizona

- Selected companies have **demonstrated success in managing prior authorization processes** with enhanced technology for other payers/health plans.
- Participating companies are **responsible for ensuring appropriate clinical expertise** in pre-approval and medical review processes and **complying with all relevant federal, CMS, and HIPAA privacy and security requirements**.
- Participating companies will use technology to streamline prior authorization processes. However, **clinicians employed by these companies will review non-affirmation requests**.



Impacted Medicare Providers

- The WISeR Model applies to all providers in selected WISeR geographic areas serving Original Medicare beneficiaries.
- Providers will have the choice to submit a prior authorization request or go through a post-service, pre-payment review.**
- There will be no change in provider payments or providers' appeal rights.

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SERVICES INCLUDED: PERFORMANCE YEAR 1 (PY1) 2026

- Services included in the model for the first performance year and their associated NCDs and LCDs are noted in the table below.
- Current Procedural Terminology (CPTs), along with Healthcare Common Procedure Coding System (HCPCS) codes and clinical documentation requirements for each service can be found in the [WISeR Provider and Supplier Operational Guide](#).
- Codes in WISeR do not overlap with existing Medicare prior authorization programs. All codes may be subject to change.
- In the event a selected NCD or LCD changes, WISeR will align with its most recent version and issue an update to the WISeR Provider and Supplier Operational Guide.
- WISeR will focus on services delivered in hospital outpatient departments (HOPD), Ambulatory Surgery Centers, the office, and the home.



Service Category	Associated NCD/LCDs
Electrical Nerve Stimulators¹	NCD 160.7
Sacral Nerve Stimulation for Urinary Incontinence²	NCD 230.18
Phrenic Nerve Stimulator	NCD 160.19
Vagus Nerve Stimulation³	NCD 160.18
Induced Lesions of Nerve Tracts	NCD 160.1
Epidural Steroid Injections for Pain Management	L39015, L39240, L36920
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	L38201, L34228, L35130
Cervical Fusion¹	L39741, L39758, L39793
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee	NCD 150.9
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	L38307, L38310, L38385
Incontinence Control Devices	NCD 230.10
Diagnosis and Treatment of Impotence	NCD 230.4
Percutaneous Image-Guided Lumbar Decompression for Spinal Stenosis	NCD 150.13
Skin and Tissue Substitutes <i>(Only applicable to selected WISeR MAC jurisdictions and states with an active LCD in place during the WISeR PYs starting on January 1, 2026, as of November 21, 2025:)</i> <ul style="list-style-type: none"> Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities 	L35041 L36690

¹ Codes subject to prior authorization under CMS' Prior Authorization Program for Certain HOPD Services are excluded from WISeR.

² During pre-payment review, the billing of a generator implantation code (CPT code 64590) will be used to differentiate between a trial and permanent implementation (billed using CPT code 64561).

³ CPT 64568 is also subject to prior authorization and pre-payment review under Hypoglossal Nerve Stimulation (HGNS) for the Inspire V device.

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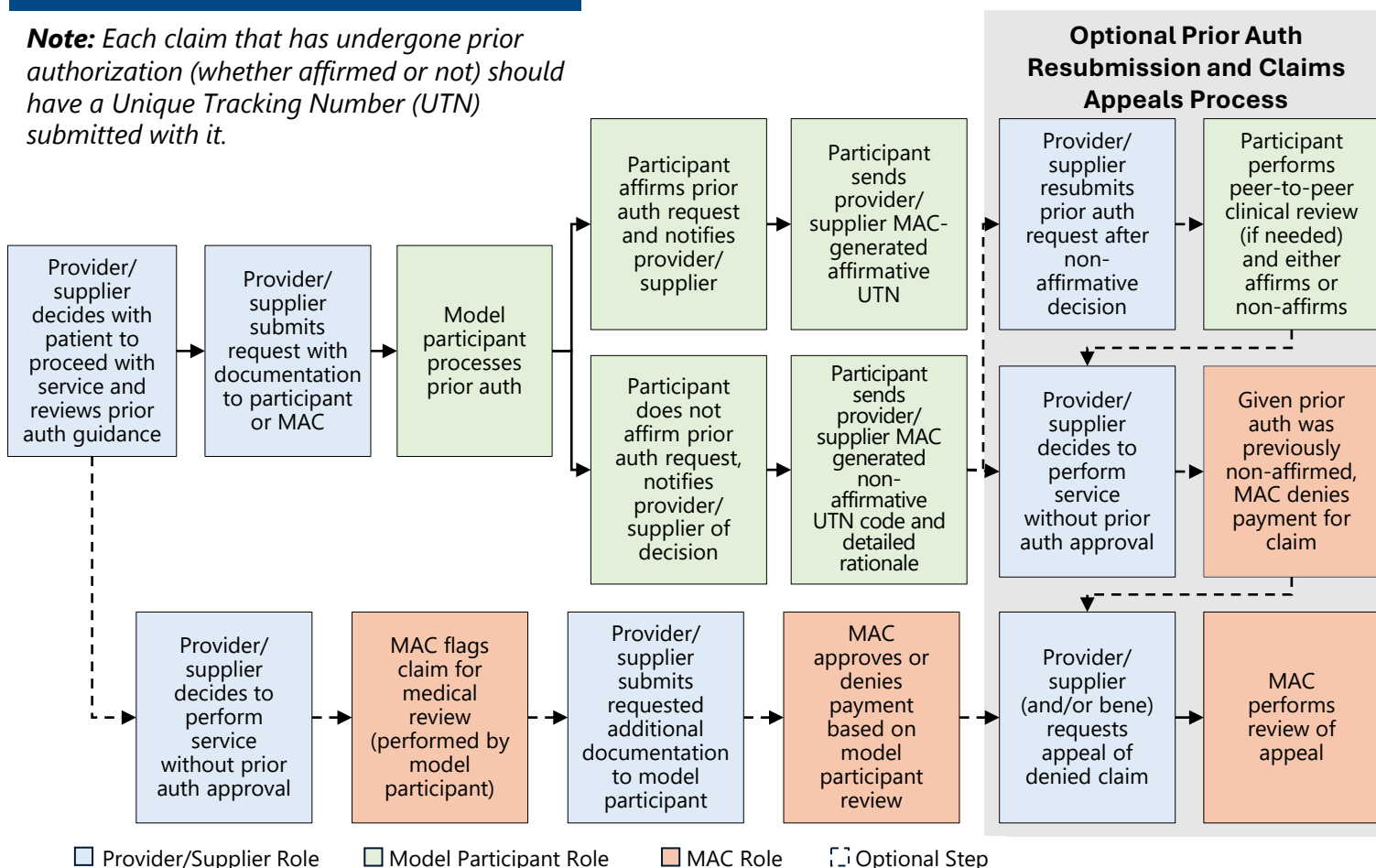
WISeR PROVIDER AND SUPPLIER OPERATIONAL GUIDE AND PRIOR AUTHORIZATION PROCESS FLOW CHART



WISeR Provider and Supplier Operational Guide: Explains 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 model is being tested.

Prior Authorization Flow Chart

Note: Each claim that has undergone prior authorization (whether affirmed or not) should have a Unique Tracking Number (UTN) submitted with it.



PAYMENT APPROACH OVERVIEW



WISeR enforces existing Medicare coverage and payment criteria. There are no changes in provider payments for services selected for prior authorization under the model.



Model participants are compensated based on a share of averted expenditures rather than on a fixed fee or per-claim basis. **Payments will be performance-adjusted based on key metrics including timeliness, accuracy of determinations, and provider experience.**



Model payments are calculated from requests that did not result in a paid claim.

ADDITIONAL RESOURCES

[WISeR Model Webpage](#) | [WISeR Provider and Supplier Operational Guide](#) | [FAQs](#)

Questions? WISeR@cms.hhs.gov