

CMS WISeR Model - Ohio

Participating in CMS WISeR in Ohio with CGS Administrators



Innovaccer WISeR Provider Portal User Guide

Version 2.0

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Table of Contents

Creating a Case in the Innovaccer WISeR Provider Portal	4
Overview	4
Prerequisites	4
Step 1: Access the Worklist and Start a New Case	5
Instructions	5
Screenshot Location	5
Step 2: Complete Provider Eligibility Verification	7
Instructions	7
Important Notes	7
Screenshot Locations	8
Step 3: Complete Beneficiary Eligibility Verification	10
Instructions	10
Important Notes	10
Screenshot Locations	11
Step 4: Enter Request Details	14
Instructions	14
A. Service and Diagnosis Information	14
B. Physician Details	14
Screenshot Locations	15
Step 5: Enter Requester Details	19
Instructions	19
Important Notes	19
Screenshot Location	19
Step 6: Upload Supporting Clinical Documentation	20
Instructions	20
Managing Uploaded Documents	20
Recommended Documentation	20
Screenshot Locations	21
Step 7: Review and Submit the Case	23
Instructions	23
Screenshot Location	23
Step 8: Confirm Case Submission and Monitor Status	25
Instructions	25
Understanding Case Status	25
Important Notes	25
Screenshot Locations	26

Troubleshooting Common Issues..... 27

 Provider Eligibility Issues 27

 Beneficiary Eligibility Issues 27

 Required Field Errors 27

 Documentation Upload Issues..... 27

 Re-Running Eligibility After Changes..... 28

Best Practices for Case Submission 29

 Accuracy and Completeness 29

 Documentation Quality..... 29

 Timeliness 29

 Communication 29

Support and Contact Information 29

 Provider Support..... 29

Navigating the Innovaccer WISeR Provider Portal Worklist 30

 Overview 30

 Prerequisites 30

 Step 1: Access the Innovaccer WISeR Provider Portal 31

 Instructions..... 31

 Important Notes 31

 Screenshot Location..... 31

 Step 2: Understanding the Worklist Columns..... 33

 Instructions..... 33

 Understanding the Unique Tracking Number (UTN) 33

 Multiple CPT Codes 34

 Screenshot Locations 34

 Step 3: Searching for Cases 36

 Instructions..... 36

 Search Options..... 36

 How to Search..... 36

 Search Behavior 36

 Screenshot Locations 36

 Step 4: Filtering Cases by Status 38

 Instructions..... 38

 Available Status Filters 38

 How to Filter 38

 Important Notes 38

 Screenshot Locations 38

 Step 5: Sorting the Worklist 40

Instructions.....	40
Sortable Columns.....	40
How to Sort.....	40
Important Sorting Limitation.....	40
Screenshot Locations.....	41
Worklist Best Practices.....	42
Regular Monitoring.....	42
Efficient Search and Filter Usage.....	42
Understanding Status Transitions.....	42
Troubleshooting Common Issues.....	43
UTN Not Appearing for Affirmed Case.....	43
Search Not Finding Expected Case.....	43
No Cases Found Message.....	43
Sort Not Working as Expected.....	43
Understanding Case Status Definitions.....	44
Processing.....	44
Affirmed.....	44
Non-Affirmed.....	44
Appendix A: Required Fields Reference.....	45
Provider Eligibility Section.....	45
Beneficiary Eligibility Section.....	45
Request Details Section.....	45
Requester Details Section.....	45
Supporting Documentation.....	45
Appendix B: Glossary of Terms.....	46
Appendix C: Worklist Column Quick Reference.....	47
Document Revision History.....	47

Creating a Case in the Innovaccer WISeR Provider Portal

Overview

This section provides step-by-step instructions for providers to create a prior authorization case in the Innovaccer WISeR Provider Portal. The case creation process includes provider (Facility) eligibility verification, beneficiary eligibility confirmation, request details entry, and clinical documentation upload.

Prerequisites

Before beginning, ensure you have:

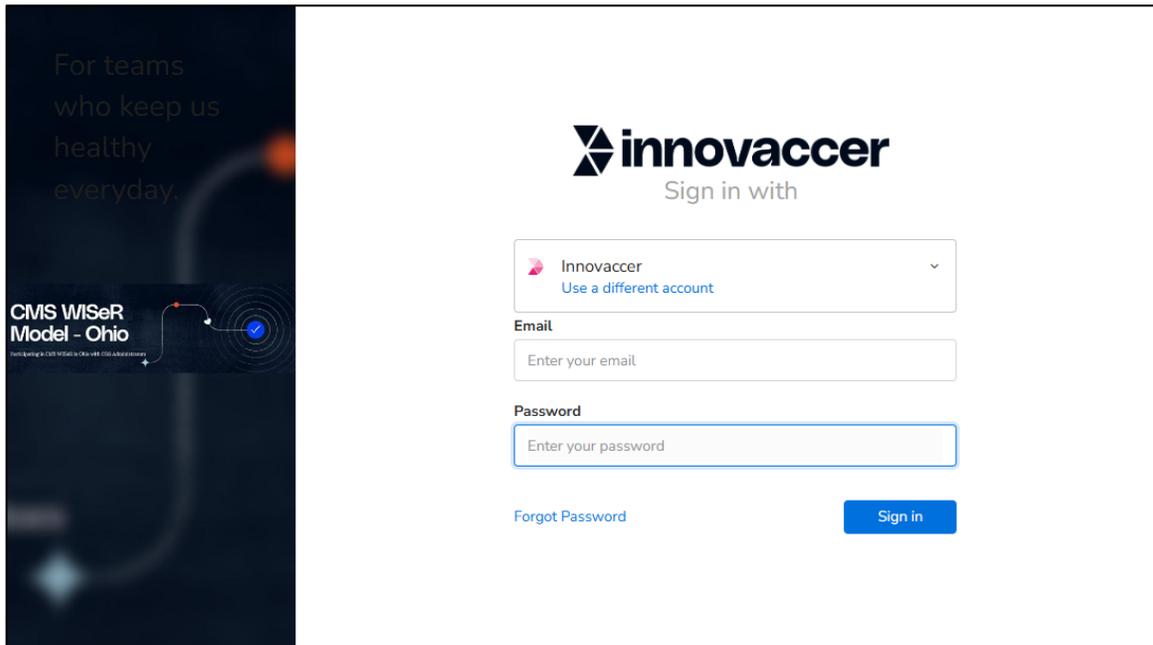
- Active login credentials for the WISeR Provider Portal
 - Provider NPI (National Provider Identifier)
 - Provider PTAN (Provider Transaction Access Number)
 - Facility fax number
 - Beneficiary MBI (Medicare Beneficiary Identifier)
 - Beneficiary date of birth
 - CPT codes for requested services
 - Primary diagnosis code
 - Supporting clinical documentation (PDF, images, or other formats)
-

Step 1: Access the Worklist and Start a New Case

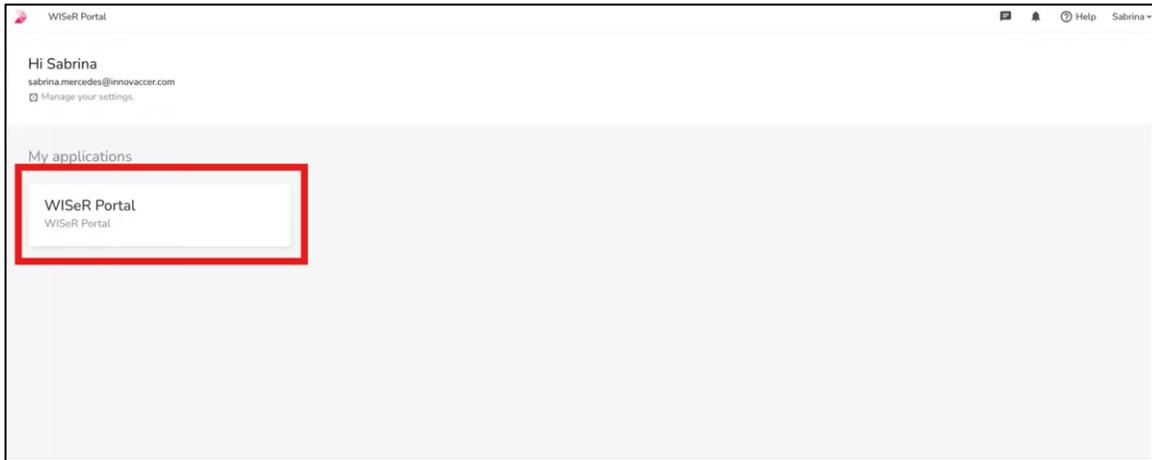
Instructions

1. Log in to the **Innovaccer WISeR Provider Portal** using your credentials
2. You will arrive at a **landing page** that displays a card labeled "**WISeR Portal**"
3. Click on the **WISeR Portal** card to access your Worklist
4. You will be directed to the **Worklist** page, which displays all existing cases
5. Locate the **Case Create** button in the upper portion of the screen
6. Click **Case Create** to begin the new case submission process

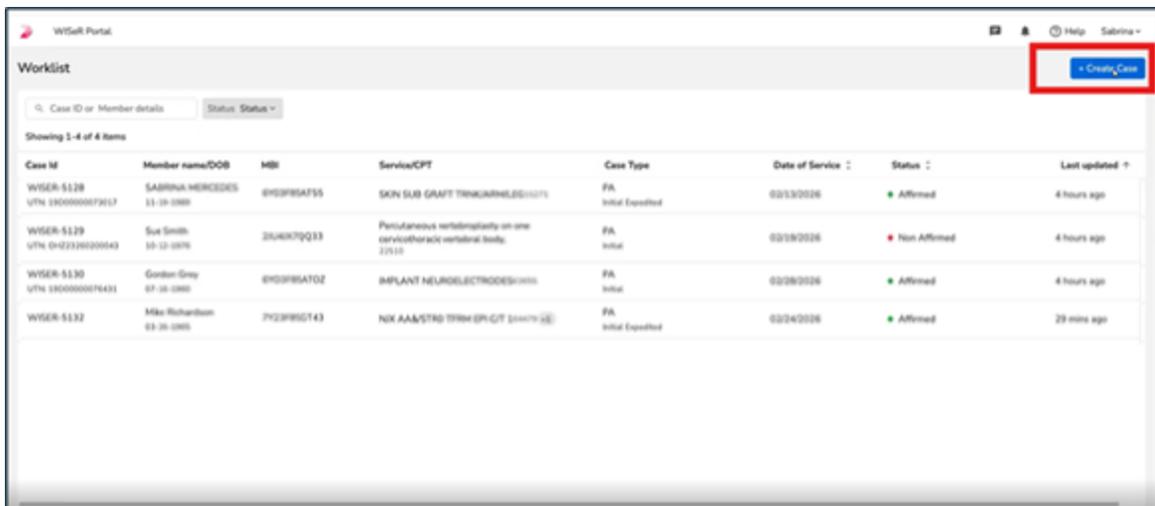
Screenshot Location



Screenshot 1: Innovaccer WISeR Provider Portal Login Page



Screenshot 2: Portal landing page showing the WISeR Portal access card



Screenshot 3: The Worklist dashboard showing the Case Create button location

Step 2: Complete Provider Eligibility Verification

Instructions

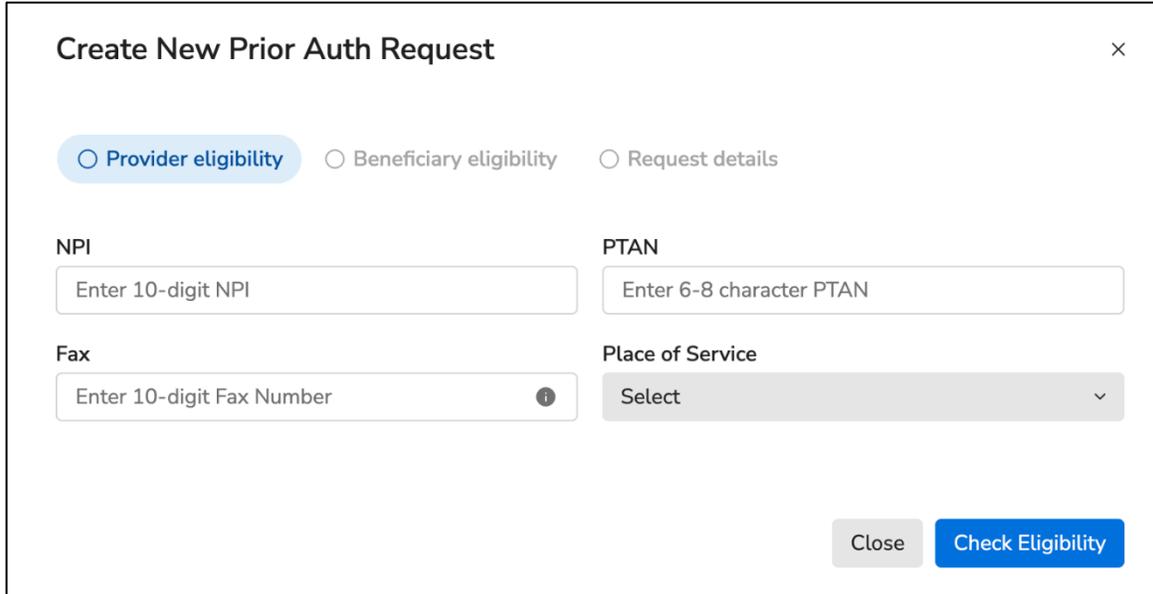
The portal will navigate to the **Provider Eligibility** page where you must verify that the **FACILITY** is eligible to submit prior authorization requests.

1. Enter the following required information:
 - **NPI** - National Provider Identifier for the facility
 - **PTAN** - Provider Transaction Access Number
 - **Fax Number** - Facility fax number for correspondence
 - **Place of Service** - Select the appropriate setting (e.g., Hospital Outpatient Department (HOPD), Ambulatory Surgical Center (ASC), Physician Office, or Home Setting)
2. Click the **Run** or **Check Eligibility** button to validate the provider information
3. Review the eligibility response message:
 - **Provider Eligible** - You will see a confirmation message and may proceed
 - **Provider Not Found** - The system will display "Provider not found / No provider matches your search"
4. If you receive a "Provider not found" message:
 - Verify the NPI is correct and complete
 - Re-enter the provider information
 - Run eligibility check again

Important Notes

- All fields WITHOUT the label "optional" are **required fields**
- You cannot proceed to the next step until provider eligibility is confirmed
- Ensure the NPI and PTAN match the **FACILITY** submitting the request

Screenshot Locations



Create New Prior Auth Request [Close]

Provider eligibility Beneficiary eligibility Request details

NPI
Enter 10-digit NPI

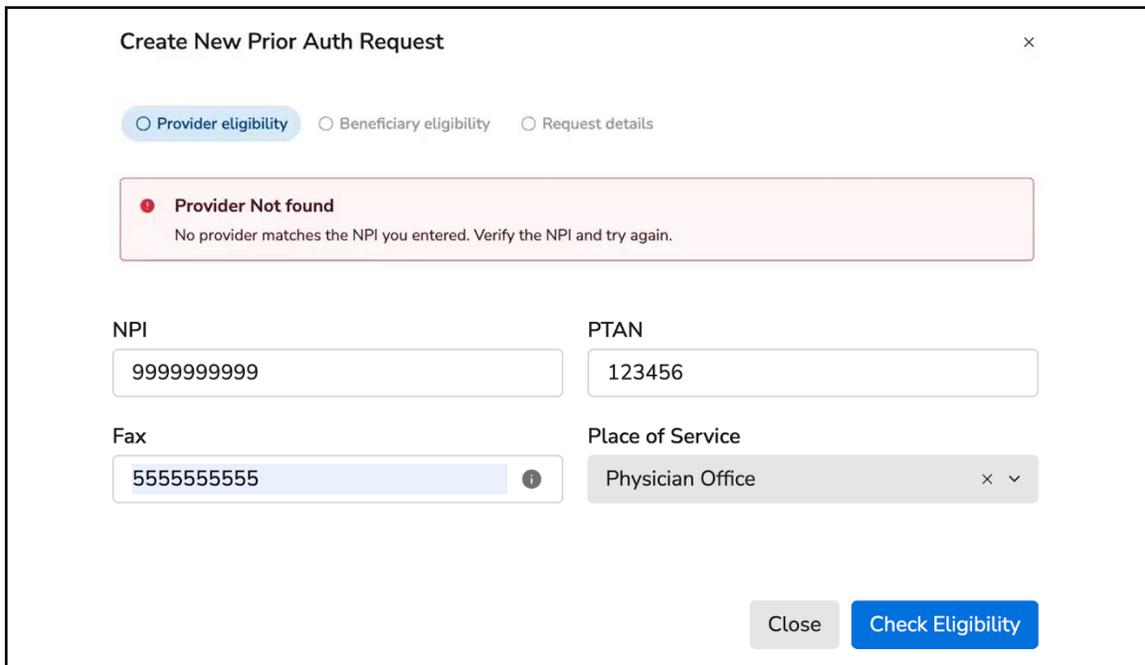
PTAN
Enter 6-8 character PTAN

Fax
Enter 10-digit Fax Number ⓘ

Place of Service
Select ▼

[Close] [Check Eligibility]

Screenshot 4: Provider Eligibility verification screen showing NPI, PTAN, Fax Number and Place of Service fields



Create New Prior Auth Request [Close]

Provider eligibility Beneficiary eligibility Request details

Provider Not found
No provider matches the NPI you entered. Verify the NPI and try again.

NPI
999999999

PTAN
123456

Fax
555555555 ⓘ

Place of Service
Physician Office [Close] ▼

[Close] [Check Eligibility]

Screenshot 5: Error message displayed when provider NPI cannot be validated

Create New Prior Auth Request ✕

Provider eligibility Beneficiary eligibility Request details

✔ **Provider eligible**

Name: " OHIO FACILITY PROVIDER NAME "

NPI

PTAN

Fax

Place of Service

Screenshot 6: Confirmation message indicating provider is eligible to submit requests

Step 3: Complete Beneficiary Eligibility Verification

Instructions

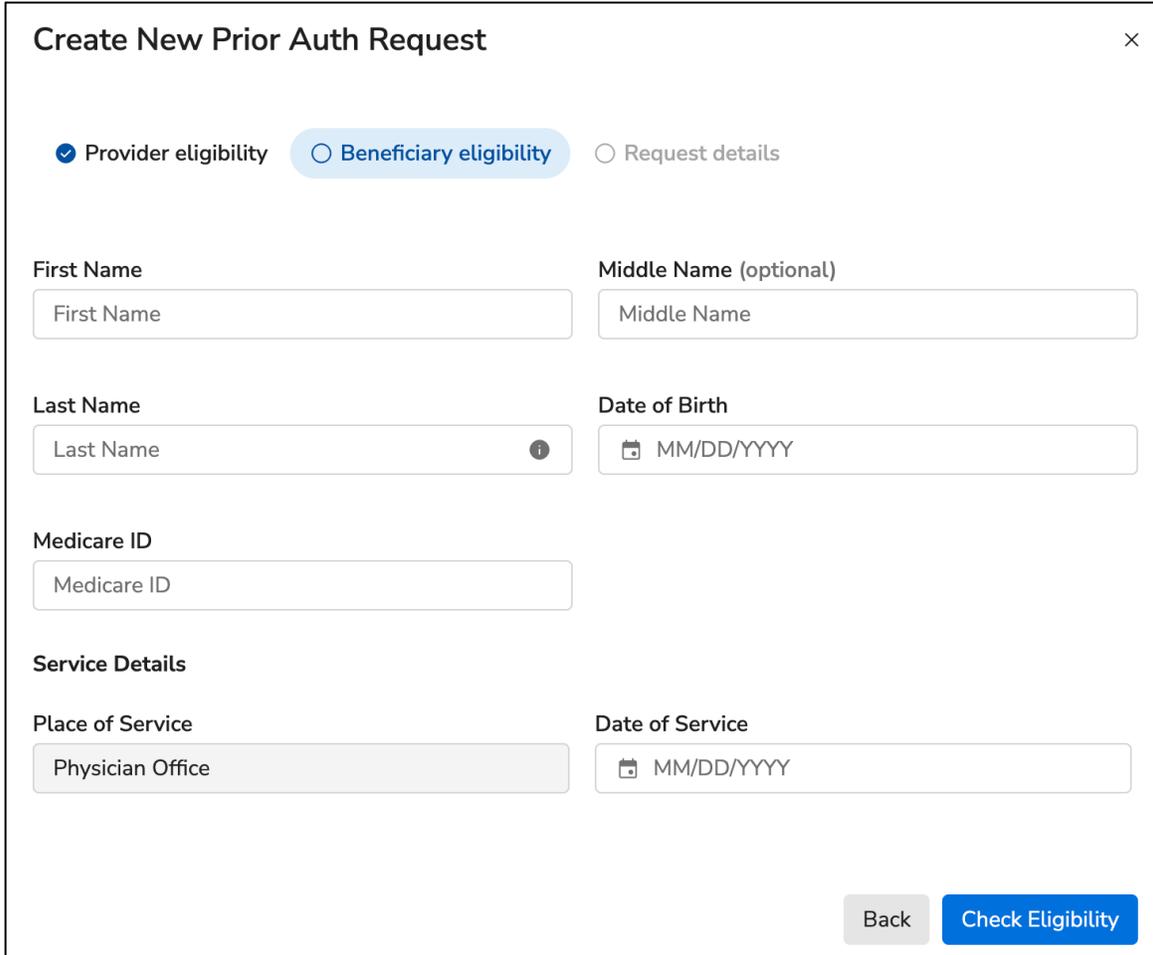
After provider eligibility is confirmed, proceed to the **Beneficiary Eligibility** section to verify the Medicare member's coverage.

1. Enter the beneficiary's personal information:
 - **Name** - Full legal name (First and Last)
 - **Date of Birth** - Format: MM/DD/YYYY (example: 04/15/1970)
 - **MBI** - Medicare Beneficiary Identifier (11-character alphanumeric)
2. Enter service-related information:
 - **Place of Service** - Will default from what was entered on provider eligibility page
 - **Date of Service** - The date when services are scheduled or were provided
3. Click **Check Eligibility** to validate beneficiary coverage
4. Review the eligibility response:
 - **Eligibility Confirmed** - Proceed to the next section
 - **Required Field Error** - The system will highlight any missing required fields

Important Notes

- If you modify any field after running the eligibility check, you **must re-run eligibility** before proceeding
- All fields without "optional" designation are required
- The system will not allow you to proceed with incomplete information
- Verify beneficiary information carefully to avoid submission delays

Screenshot Locations

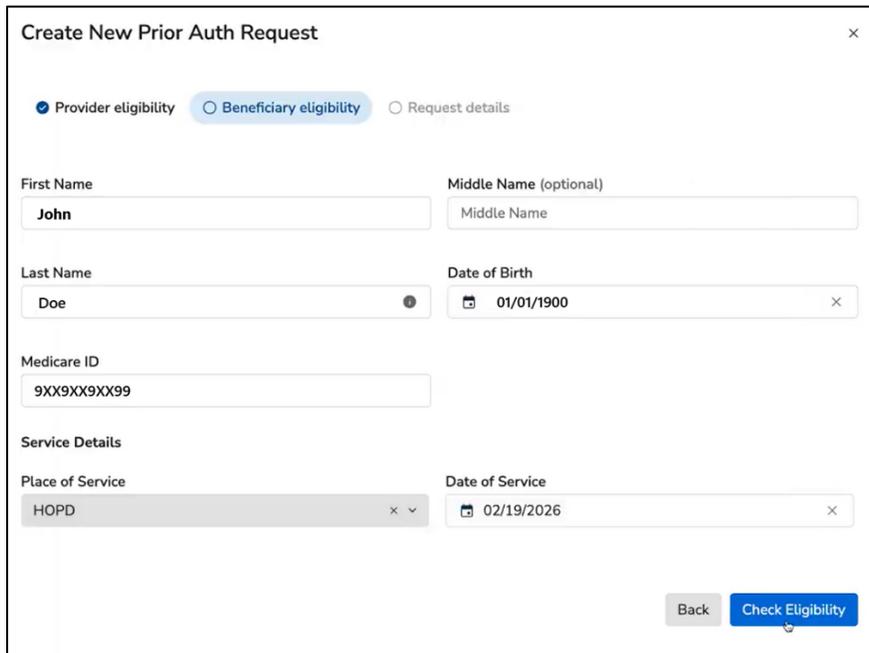


The screenshot shows a web form titled "Create New Prior Auth Request" with a close button (X) in the top right corner. At the top, there are three radio button options: "Provider eligibility" (selected), "Beneficiary eligibility" (highlighted in blue), and "Request details". Below these are several input fields:

- First Name:** A text input field containing "First Name".
- Middle Name (optional):** A text input field containing "Middle Name".
- Last Name:** A text input field containing "Last Name" with an information icon (i) on the right.
- Date of Birth:** A date picker input field containing "MM/DD/YYYY".
- Medicare ID:** A text input field containing "Medicare ID".
- Service Details:** A section header.
- Place of Service:** A dropdown menu with "Physician Office" selected.
- Date of Service:** A date picker input field containing "MM/DD/YYYY".

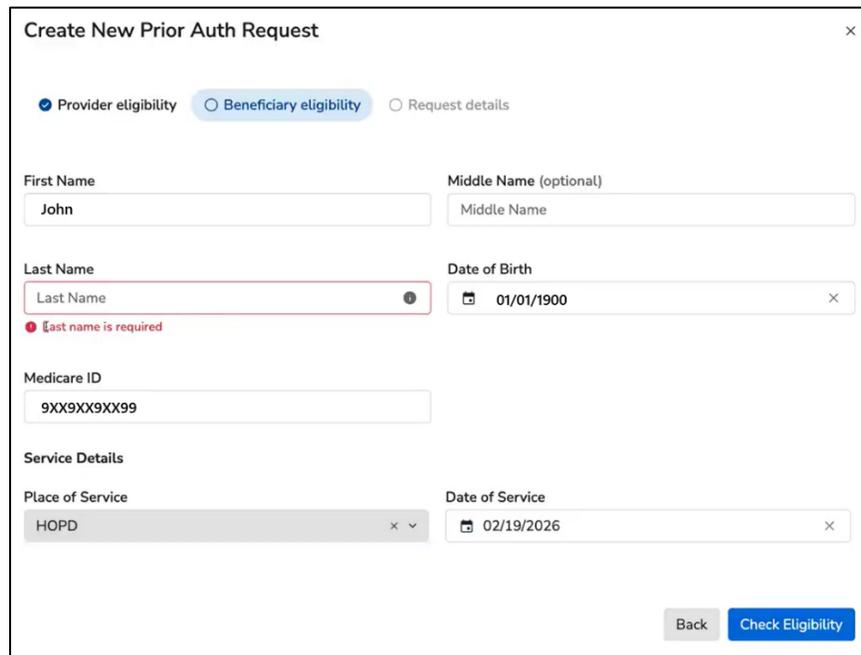
At the bottom right, there are two buttons: a grey "Back" button and a blue "Check Eligibility" button.

Screenshot 7: Beneficiary Eligibility screen showing First Name, Last Name, Date of Birth, Medicare ID, Place of Service, and Date of Service fields



The screenshot shows a web form titled "Create New Prior Auth Request" with a close button (X) in the top right corner. At the top, there are three radio buttons: "Provider eligibility" (selected), "Beneficiary eligibility" (highlighted in blue), and "Request details". Below this, the form is organized into sections: "Personal Information" with fields for "First Name" (John), "Middle Name (optional)" (empty), "Last Name" (Doe), and "Date of Birth" (01/01/1900); "Medicare ID" (9XX9XX9XX99); and "Service Details" with "Place of Service" (HOPD) and "Date of Service" (02/19/2026). At the bottom right, there are "Back" and "Check Eligibility" buttons.

Screenshot 8: Beneficiary Eligibility screen showing completed fields for John Doe (DOB: 01/01/1900)



This screenshot shows the same "Create New Prior Auth Request" form, but with the "Beneficiary eligibility" radio button selected and highlighted in blue. The "Last Name" field is highlighted with a red border and contains the text "Last Name". Below the field, a red error message reads "Last name is required". All other fields and the "Check Eligibility" button are the same as in the previous screenshot.

Screenshot 9: Example of required field validation message when data is missing

Create New Prior Auth Request ✕

Provider eligibility **Beneficiary eligibility** Request details

✓ Eligibility Confirmed

Name: John Doe DOB: 01/01/1900 Medicare ID: 9XX9XX9XX99

The member has active Medicare coverage for the selected date of service. If patient information is not accurate, please reinitiate request.

First Name: Middle Name (optional):

Last Name: Date of Birth:

Medicare ID:

Service Details

Place of Service: Date of Service:

Screenshot 10: Confirmation message indicating beneficiary coverage is active

Step 4: Enter Request Details

Instructions

Once both provider and beneficiary eligibility are confirmed, navigate to the **Request Details** page to provide specific information about the prior authorization request.

A. Service and Diagnosis Information

1. **CPT Codes** - Enter all applicable Current Procedural Terminology codes for the requested services
 - Multiple CPT codes may be entered if applicable
 - Ensure codes are accurate and complete
2. **Primary Diagnosis** - Enter the ICD-10 code for the primary diagnosis
 - Enter **only one primary diagnosis code**
 - Do not enter multiple diagnosis codes in this field
3. **Request Type** - Select the appropriate request category:
 - **Initial** - Standard prior authorization request
 - **Expedited** - Urgent request requiring faster review

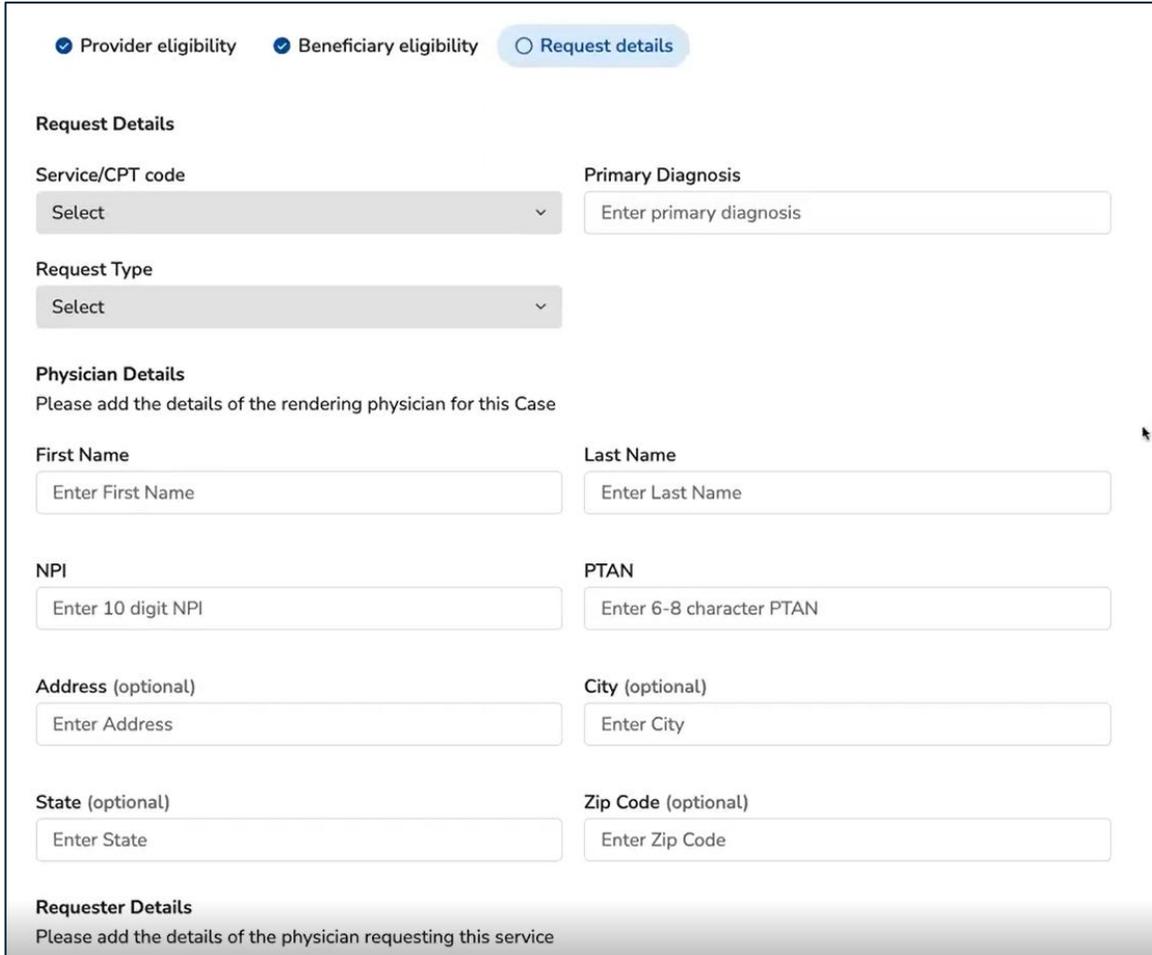
B. Physician Details

Enter the rendering or treating physician's information:

- **Physician Name** - Full name of the Rendering physician (required)
- **NPI** - Physician's National Provider Identifier (required)
- **PTAN** - Physician's Provider Transaction Access Number (required)
- **Address** - Street address (optional)
- **City** - City (optional)
- **State** - State (optional)
- **ZIP Code** - ZIP code (optional)

Note: Address fields labeled "optional" may be left blank if not needed. All other fields are mandatory.

Screenshot Locations



Provider eligibility Beneficiary eligibility Request details

Request Details

Service/CPT code
Select

Primary Diagnosis
Enter primary diagnosis

Request Type
Select

Physician Details

Please add the details of the rendering physician for this Case

First Name
Enter First Name

Last Name
Enter Last Name

NPI
Enter 10 digit NPI

PTAN
Enter 6-8 character PTAN

Address (optional)
Enter Address

City (optional)
Enter City

State (optional)
Enter State

Zip Code (optional)
Enter Zip Code

Requester Details

Please add the details of the physician requesting this service

Screenshot 11: Request Details showing CPT codes, Primary Diagnosis, and Request Type fields

Provider eligibility Beneficiary eligibility Request details

Request Details

Service/CPT code ⓘ

Select ^

🔍 Search for CPT codes

- 15271
SKIN SUB GRAFT TRNK/ARM/LEG
- 15272
SKIN SUB GRAFT T/A/L ADD-ON
- 15273
SKIN SUB GRFT T/ARM/LG CHILD
- 15274
SKN SUB GRFT T/A/L CHILD ADD

Primary Diagnosis
Enter primary diagnosis

Last Name
Enter Last Name

PTAN
Enter 6-8 character PTAN

Address (optional)
Enter Address

City (optional)
Enter City

State (optional)
Enter State

Zip Code (optional)
Enter Zip Code

Screenshot 12: Request Details showing CPT codes dropdown with search

Provider eligibility Beneficiary eligibility Request details

Request Details

Service/CPT code: 15271, 15272 Primary Diagnosis: E11.621

Request Type

- Select
- Initial
- Initial Expedited
- Resubmission
- Resubmission Expedited

Last Name: Enter Last Name

NPI: Enter 10 digit NPI PTAN: Enter 6-8 character PTAN

Address (optional): Enter Address City (optional): Enter City

State (optional): Enter State Zip Code (optional): Enter Zip Code

Requester Details

Please add the details of the physician requesting this service

Screenshot 13: Request Details showing Request Type dropdown

Physician Details
Please add the details of the rendering physician for this Case

First Name Doogie	Last Name Howser
NPI 777777777	PTAN :9876543
Address (optional) Enter Address	City (optional) Enter City
State (optional) Enter State	Zip Code (optional) Enter Zip Code

Screenshot 14: Physician Details section with NPI, PTAN, and optional address fields

Step 5: Enter Requester Details

Instructions

Provide information about the person submitting the prior authorization request on behalf of the provider.

1. **Requester Name** - Will default to logged in user's name
2. **Phone Number** - Your direct contact phone number (required)
3. **Email Address** - Will default to logged in user's email
4. **Fax Number** - Your fax number (optional)

Important Notes

- The requester is typically the office staff member, nurse, or clinical coordinator submitting the case
- Ensure the phone number is accurate for follow-up questions
- Email and fax fields are optional and may be left blank

Screenshot Location

Requester Details
Please add the details of the physician requesting this service

<p>First Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Judy"/>	<p>Last Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Bloom"/>
<p>Phone Number</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="5555555555"/>	<p>Email (optional)</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="email@example.com"/>
<p>Fax Number (optional)</p> <input style="width: 95%; border: 1px solid #ccc;" type="text" value="Enter 10 digits"/>	

Supporting documents
Please add all the clinical documents that supports the Request

[+ Add](#)

Back
Create Case

Screenshot 15: Requester Details with required Name and Phone fields, optional Email and Fax fields

Step 6: Upload Supporting Clinical Documentation

Instructions

Attach all relevant clinical documentation to support the prior authorization request. Clinical documentation is critical for timely case review and approval.

1. Locate the **Supporting Clinical Documentation** section
2. Click the **Add** or **Upload** button
3. Select one or more files from your computer:
 - Multiple files can be selected and uploaded simultaneously
 - Accepted formats typically include PDF, JPG, PNG, TIFF
4. Review the list of selected files to ensure accuracy
5. Click **Upload** to attach the documents to the case
6. Confirm that uploaded files appear in the document list

Managing Uploaded Documents

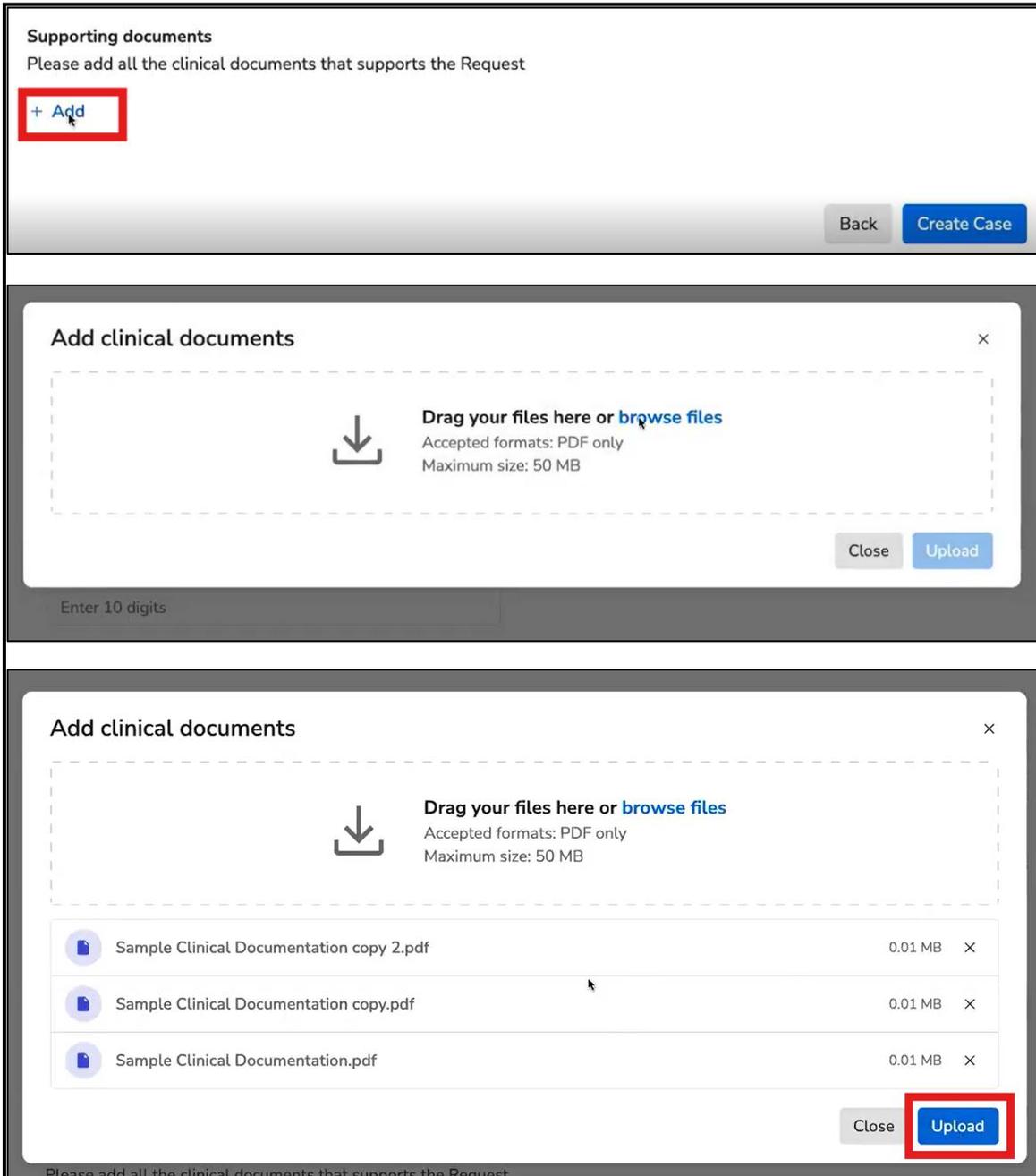
- **To remove a file:** Click the **X** or delete icon next to the incorrect document
- **To add more files:** Click **Add** again and select additional documents
- **Verify completeness:** Ensure all necessary clinical records are attached before submission

Recommended Documentation

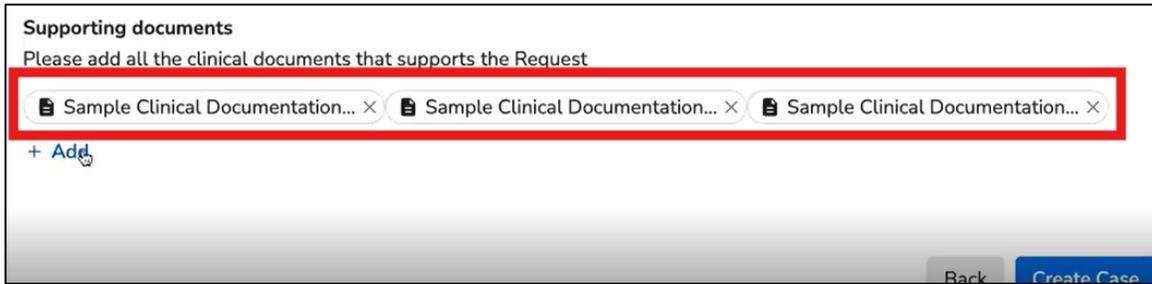
Depending on the service type, include:

- Physician orders or prescriptions
- Clinical notes and assessments
- Laboratory or diagnostic test results
- Prior treatment records
- Medical necessity documentation
- Any LCD or NCD-specific requirements

Screenshot Locations



Screenshot 16: Documentation section showing the Add/Upload button for attaching files



Screenshot 17: Multiple clinical documents successfully uploaded with remove (X) option visible

Step 7: Review and Submit the Case

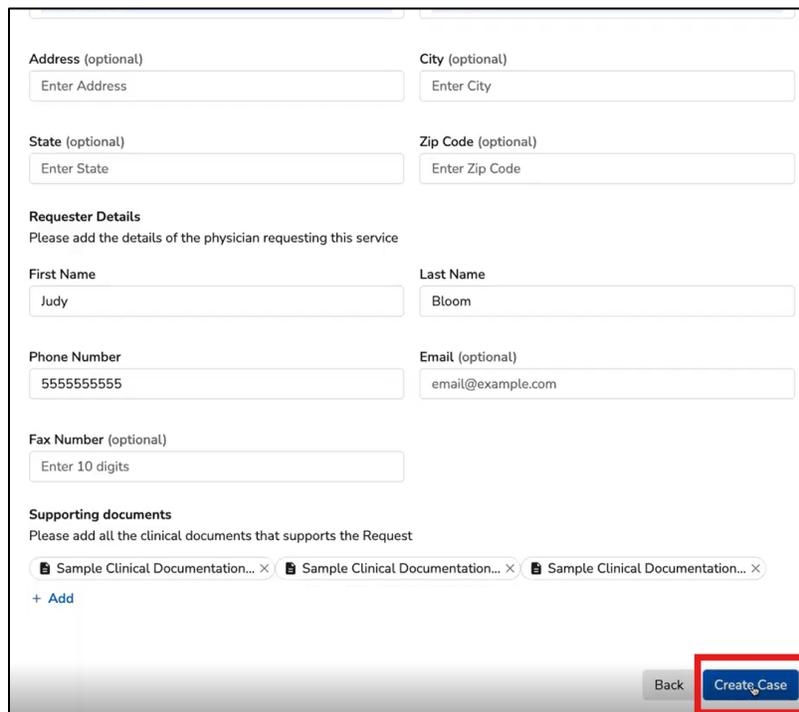
Instructions

Before final submission, carefully review all entered information to ensure accuracy and completeness.

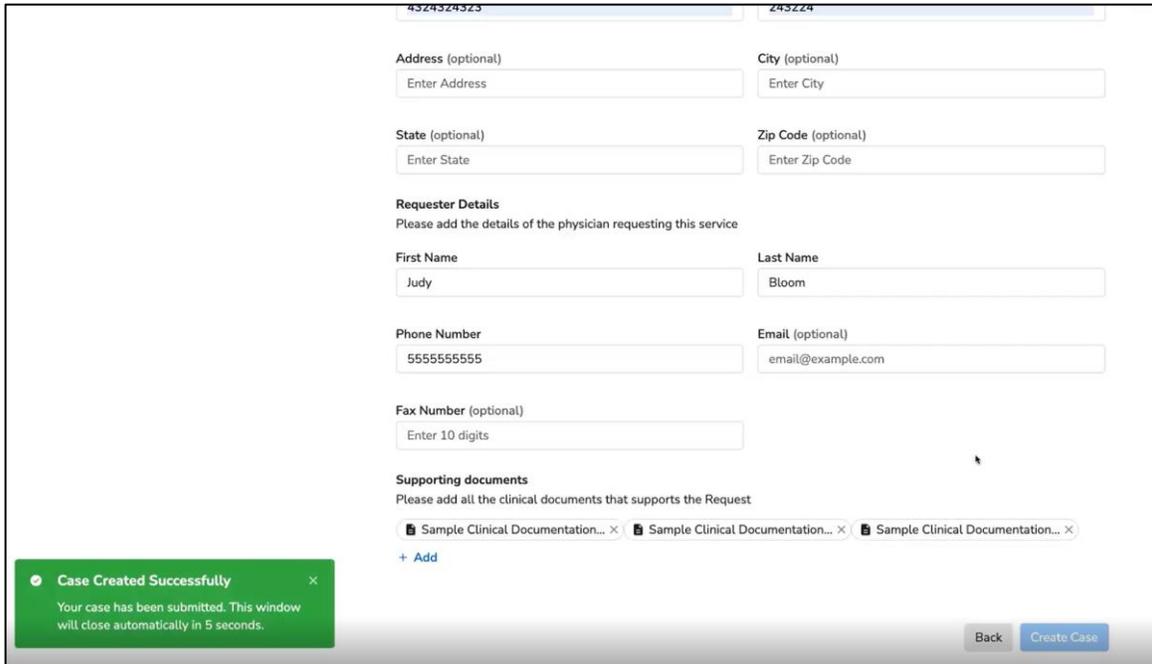
1. **Review Checklist:**

- Provider eligibility confirmed
 - Beneficiary eligibility confirmed
 - All required request details entered
 - CPT codes and diagnosis accurate
 - Physician and requester information complete
 - Clinical documentation uploaded
2. When all information is verified, click the **Create Case** button at the bottom of the page
 3. The portal will process your submission and return you to the **Worklist** page

Screenshot Location



Screenshot 18: Final review screen with Create Case button ready for submission



The screenshot shows a web form for creating a case. At the top, there are two input fields with the values "4324324323" and "243224". Below these are fields for "Address (optional)", "City (optional)", "State (optional)", and "Zip Code (optional)". The "Requester Details" section includes fields for "First Name" (Judy), "Last Name" (Bloom), "Phone Number" (5555555555), "Email (optional)" (email@example.com), and "Fax Number (optional)". Under "Supporting documents", there are three document thumbnails labeled "Sample Clinical Documentation..." and an "+ Add" button. A green success message box in the bottom left corner reads "Case Created Successfully" and "Your case has been submitted. This window will close automatically in 5 seconds." In the bottom right corner, there are "Back" and "Create Case" buttons.

Screenshot 19: Case Created Successfully Message

Step 8: Confirm Case Submission and Monitor Status

Instructions

After clicking **Create Case**, you will be automatically redirected to the Worklist page.

1. Locate your newly created case in the worklist
2. Verify the case appears with an initial status of **Processing**
3. Note the case number or identifier for future reference

Understanding Case Status

The case status will update as it moves through the review workflow:

Status	Description
Processing	Case has been submitted and is awaiting clinical review
Affirmed	Prior authorization has been approved; services are covered
Non-Affirmed	Prior authorization has been denied; services are not covered under submitted criteria

Table 1: Case status definitions in the WISeR Provider Portal

Important Notes

- Once Innovaccer completes the clinical review and issues a determination, the case status will update to **Affirmed** or **Non-Affirmed**
- You will receive notifications regarding status changes (via portal, email, or fax depending on your preferences)
- Standard turnaround time is typically 3-5 business days for non-expedited requests
- Expedited requests are processed within 24-48 hours

Screenshot Locations

WISer Portal

Worklist

Showing 1-5 of 5 items

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	SKIN SUB GRAFT TRNK/ARM/LEG 15271	PA Initial Expedited	02/13/2026	● Affirmed	4 hours ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	NIX AA&STRD TFRM EPI C/T 1 64479; +1	PA Initial Expedited	02/24/2026	● Affirmed	34 mins ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	Percutaneous vertebroplasty on one cervicothoracic vertebral body, 22610	PA Initial	02/19/2026	● Non Affirmed	4 hours ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	IMPLANT NEUROELECTRODES 63655	PA Initial	02/28/2026	● Affirmed	4 hours ago
WISER-5133	John Doe 01/01/1900	900000000000	SKIN SUB GRAFT TRNK/ARM/LEG 15271; +1	PA Initial	02/19/2026	● Processing	just now

Screenshot 20: Newly submitted case appearing on the Worklist with "Processing" status

WISer Portal

Worklist

Showing 1-5 of 5 items

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	SKIN SUB GRAFT TRNK/ARM/LEG 15271	PA Initial Expedited	02/13/2026	● Affirmed	4 hours ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	NIX AA&STRD TFRM EPI C/T 1 64479; +1	PA Initial Expedited	02/24/2026	● Affirmed	34 mins ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	Percutaneous vertebroplasty on one cervicothoracic vertebral body, 22610	PA Initial	02/19/2026	● Non Affirmed	4 hours ago
WISER- UTN: [REDACTED]	[REDACTED]	[REDACTED]	IMPLANT NEUROELECTRODES 63655	PA Initial	02/28/2026	● Affirmed	4 hours ago
WISER-5133	John Doe 01/01/1900	900000000000	SKIN SUB GRAFT TRNK/ARM/LEG 15271; +1	PA Initial	02/19/2026	● Processing	just now

Screenshot 21: Example of case after review completion showing "Affirmed" determination

Troubleshooting Common Issues

Provider Eligibility Issues

Problem: "Provider not found" message appears

Solutions:

- Verify the Facility NPI is correct and contains 10 digits
- Confirm the PTAN matches the NPI
- Contact your Innovaccer implementation team if the provider should be eligible but is not recognized
- Ensure provider enrollment and credentialing is complete in the WISeR system

Beneficiary Eligibility Issues

Problem: Beneficiary eligibility cannot be confirmed

Solutions:

- Verify the MBI is correct (11 alphanumeric characters, no special characters)
- Confirm the date of birth matches Medicare records exactly
- Check that the beneficiary name matches Medicare enrollment records
- Ensure the beneficiary has active Medicare coverage on the date of service with the appropriate coverage (e.g. Part A, Part B, etc.)

Required Field Errors

Problem: Cannot proceed due to missing required fields

Solutions:

- Look for fields highlighted in red or with error messages
- Remember that only fields explicitly marked "optional" can be left blank
- Complete all other fields before attempting to proceed

Documentation Upload Issues

Problem: Files will not upload or upload fails

Solutions:

- Verify file size is within system limits (typically 10-25 MB per file)
- Ensure file format is supported (PDF, JPG, PNG are standard)
- Check that file names do not contain special characters
- Try uploading files individually if batch upload fails

- Clear browser cache and try again

Re-Running Eligibility After Changes

Problem: Made changes to form but cannot proceed

Solutions:

- Any modification to provider or beneficiary information requires re-running eligibility
 - Click the **Check Eligibility** button again after making changes
 - Wait for confirmation message before proceeding to next section
-

Best Practices for Case Submission

Accuracy and Completeness

- Double-check all NPI, PTAN, and MBI numbers before submission
- Ensure CPT codes match the clinical documentation
- Verify the primary diagnosis is the most accurate code for the condition
- Include comprehensive clinical documentation supporting medical necessity

Documentation Quality

- Upload clear, legible scans or digital documents
- Include physician signatures and dates on orders
- Provide recent clinical notes (within 30-60 days when possible)
- Ensure all pages of multi-page documents are included
- Label documents clearly (e.g., "Physician Order," "Lab Results," "Clinical Notes")

Timeliness

- Submit prior authorization requests as early as possible before scheduled services
- Allow at least 3-5 business days for standard requests (suggest at least 1 week to allow for decision letter delivery)
- Use expedited requests only when clinically urgent
- Monitor case status regularly for any updates in status and/or UTN

Communication

- Provide accurate contact information for decision letter delivery
- Keep case numbers for reference in communications

Support and Contact Information

Provider Support

For portal login issues, technical errors, or system questions:

- **Email:** ohcmwiser-inquiry@innovaccer.com
 - **Phone:** 202-796-1619
 - **Hours:** Monday- Friday, 8am – 5pm ET (Excluding Federal Holidays)
-
-

Navigating the Innovaccer WISeR Provider Portal Worklist

Overview

This guide provides step-by-step instructions for providers to navigate and utilize the Worklist feature in the Innovaccer WISeR Provider Portal. The Worklist displays all previously submitted prior authorization cases in the portal for the respective user and provides search, filter, and sorting capabilities to help you manage and track case status efficiently.

Prerequisites

Before beginning, ensure you have:

- Active login credentials for the Innovaccer WISeR Provider Portal
 - At least one previously submitted case (or access to view cases)
-

Step 1: Access the Innovaccer WISeR Provider Portal

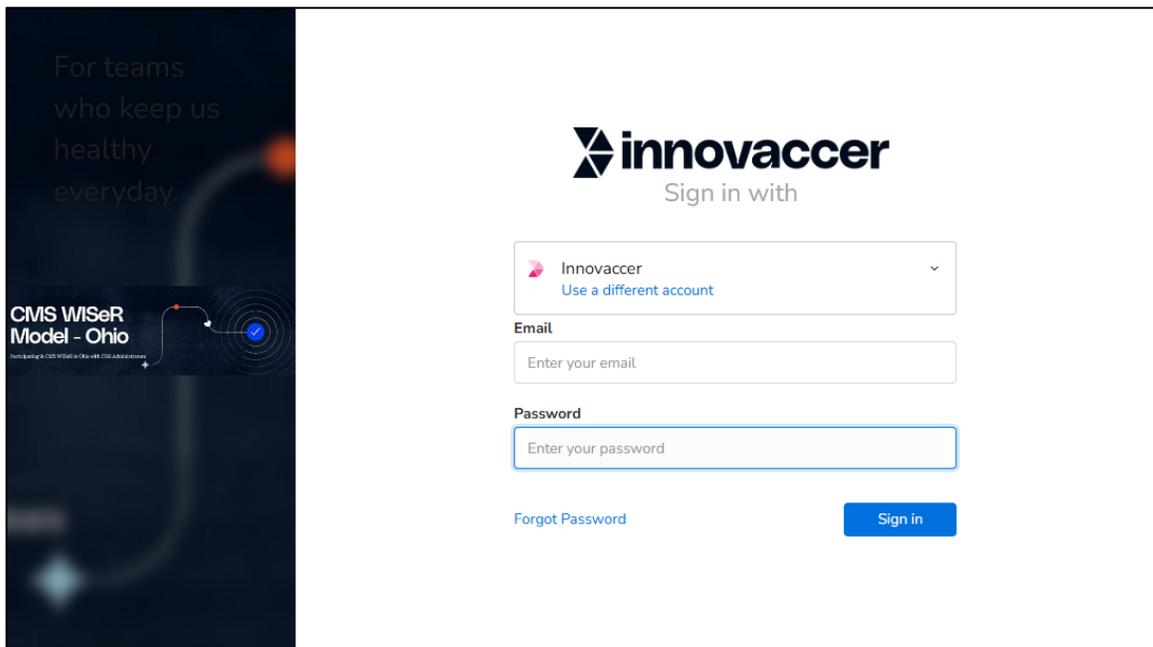
Instructions

1. Log in to the **Innovaccer WISeR Provider Portal** using your credentials
2. You will arrive at a **landing page** that displays a card labeled "**WISeR Portal**"
3. Click on the **WISeR Portal** card to access your Worklist

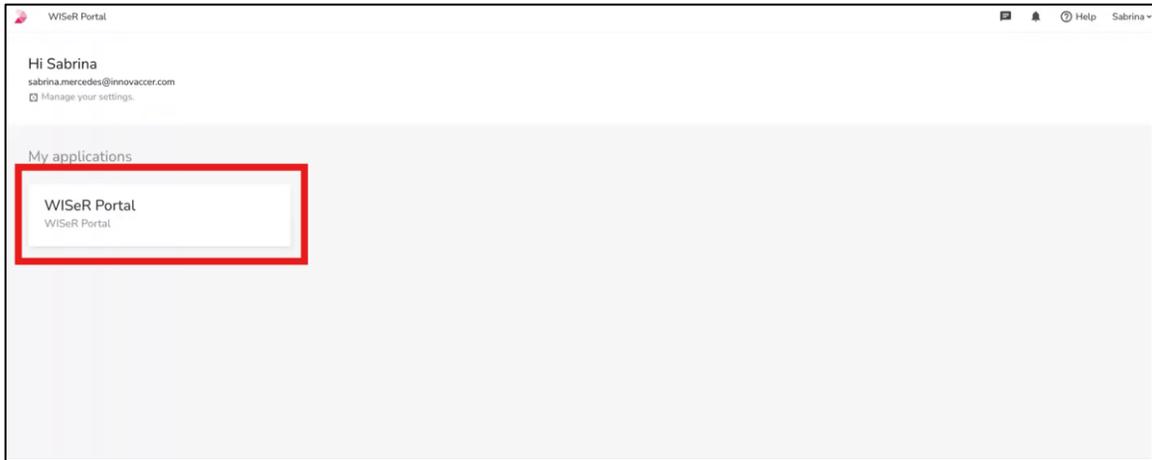
Important Notes

- The Worklist is the central hub for viewing all cases you have submitted in the portal
- This is your starting point each time you log in to the portal

Screenshot Location



Screenshot 22: Innovaccer WISeR Provider Portal Login Page



Screenshot 23: Portal landing page showing the WISeR Portal access card

Step 2: Understanding the Worklist Columns

Instructions

The Worklist displays all previously submitted cases in a tabular format. Each row represents one case, and the following columns provide detailed information:

Column	Description
Case ID	Unique identifier created by Innovaccer for each case (system-generated)
Status	Current case status (Affirmed, Non-Affirmed, or Processing)
UTN (Unique Tracking Number)	Unique tracking number to submit with Medicare claims; appears after case is affirmed
Member Name and DOB	Beneficiary's full name and date of birth
MBI	Medicare Beneficiary Identifier (11-character alphanumeric)
Service and CPT Code	Short description of service with associated CPT code(s); hover over number to see multiple codes
Case Type	Indicates "Prior Authorization" with request category (Initial, Initial Expedited, Resubmission, Resubmission Expedited)
Date of Service	Date submitted on the original request
Last Updated	Timestamp of most recent status change

Table 2: Worklist column definitions

Understanding the Unique Tracking Number (UTN)

The **UTN** is a critical field used for Medicare billing:

- The UTN is the number you submit with your claim to indicate prior authorization has been obtained
- This number is provided by the Medicare Administrative Contractor (MAC) after case affirmation
- There may be a **slight delay** between when a case shows "Affirmed" status and when the UTN appears since the MAC has to assign the UTN after being notified the case is affirmed.

- Check back periodically if you see an affirmed case without a UTN
- Do not submit claims until a UTN is available

Multiple CPT Codes

When a case involves multiple CPT codes:

- The first CPT code is displayed in the Service column
- If additional codes exist, you will see a number indicator (e.g., "+2")
- **Hover your mouse** over the number to view all associated CPT codes in a tooltip

Screenshot Locations

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5128 UTN: 19000000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG 15271	PA Initial Expedited	02/13/2026	● Affirmed	4 hours ago
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 1 64479 +1	PA Initial Expedited	02/24/2026	● Affirmed	24 mins ago
WISER-5129 UTN: OH223260200043	Sue Smith 10-12-1976	2JU4IX7QQ33	Percutaneous vertebroplasty on one cervicothoracic vertebral body, 22610	PA Initial	02/19/2026	● Non Affirmed	4 hours ago
WISER-5130 UTN: 19000000076431	Gordon Grey 07-16-1960	6Y03F85ATOZ	IMPLANT NEUROELECTRODES 63655	PA Initial	02/28/2026	● Affirmed	4 hours ago

Screenshot 24: Complete Worklist view displaying Case ID, Status, UTN, Member details, CPT codes, and timestamps

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5128 UTN: 19D00000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG 15271	PA Initial Expedited	02/13/2026	Affirmed	4 hours ago
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 1 64479 +1	PA Initial Expedited	02/24/2026	Affirmed	24 mins ago
WISER-5129 UTN: 0H223260200043	Sue Smith 10-12-1976	2JU4X7QQ	NIX AA&STRD TFRM EPI C/T EA 64480	PA Initial	02/19/2026	Non Affirmed	4 hours ago
WISER-5130 UTN: 19D00000076431	Gordon Grey 07-16-1960	6Y03F85ATOZ	IMPLANT NEUROELECTRODES 63655	PA Initial	02/28/2026	Affirmed	4 hours ago

Screenshot 25: Hovering over the CPT code count to display all codes associated with a request

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5128 UTN: 19D00000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG 15271	PA Initial Expedited	02/13/2026	Affirmed	4 hours ago
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 1 64479 +1	PA Initial Expedited	02/24/2026	Affirmed	24 mins ago
WISER-5129 UTN: 0H223260200043	Sue Smith 10-12-1976	2JU4X7QQ33	Percutaneous vertebroplasty on one cervicothoracic vertebral body. 22510	PA Initial	02/19/2026	Non Affirmed	4 hours ago
WISER-5130 UTN: 19D00000076431	Gordon Grey 07-16-1960	6Y03F85ATOZ	IMPLANT NEUROELECTRODES 63655	PA Initial	02/28/2026	Affirmed	4 hours ago

Screenshot 26: Example of affirmed case with Unique Tracking Number (UTN) displayed

Step 3: Searching for Cases

Instructions

The Worklist provides a **search bar** that allows you to quickly locate specific cases using multiple search criteria.

Search Options

You can search by any of the following:

- **Case ID** - Innovaccer-generated unique identifier
- **Member First Name** - Beneficiary's first name
- **Member Last Name** - Beneficiary's last name
- **MBI** - Medicare Beneficiary Identifier

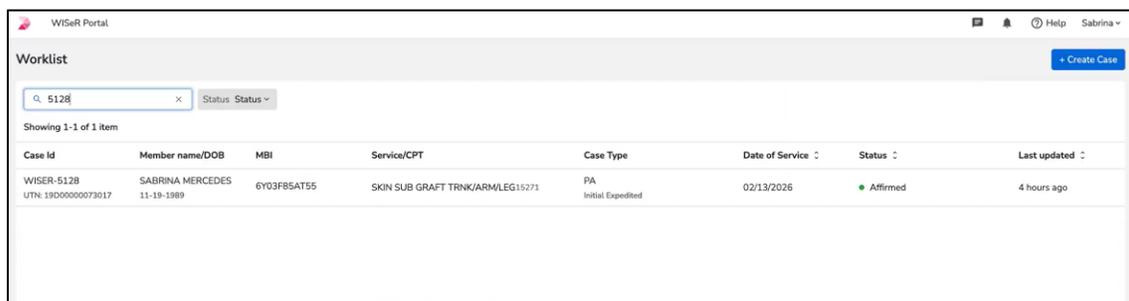
How to Search

1. Locate the **search bar** at the top of the Worklist
2. Begin typing any search term (Case ID, First Name, Last Name, or MBI)
3. The Worklist will **automatically filter** results as you type
4. You do **not need to enter the complete value** - partial matches will display
5. Continue typing to narrow results further

Search Behavior

- Search is dynamic and updates in real-time as you type
- Partial values are matched (e.g., typing "Gray" will find "Tracy Gray")
- Search works across all searchable fields simultaneously
- Clear the search bar to return to the full Worklist view

Screenshot Locations



Screenshot 27: Searching for a case by Case ID with real-time filtering

WISer Portal

Worklist + Create Case

Search: Mike Status: Status ▾

Showing 1-1 of 1 item

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 164479 <small>1</small>	PA Initial Expedited	02/24/2026	● Affirmed	27 mins ago

Screenshot 28: Worklist filtered by entering beneficiary first name "Mike"

WISer Portal

Worklist + Create Case

Search: Smith Status: Status ▾

Showing 1-1 of 1 item

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5129 UTN: OHZZ23260200043	Sue Smith 10-12-1976	2JU4X7QQ33	Percutaneous vertebroplasty on one cervicothoracic vertebral body, 22510	PA Initial	02/19/2026	● Non Affirmed	4 hours ago

Screenshot 29: Search results showing cases matching last name entry "Smith"

WISer Portal

Worklist + Create Case

Search: 6Y03 Status: Status ▾

Showing 1-1 of 1 item

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5128 UTN: 19D00000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG15271	PA Initial Expedited	02/13/2026	● Affirmed	4 hours ago

Screenshot 30: Worklist filtered using Medicare Beneficiary Identifier (MBI) "6y03..."

Step 4: Filtering Cases by Status

Instructions

In addition to searching, you can filter cases by their current status to focus on specific groups of cases.

Available Status Filters

- **Affirmed** - Prior authorization approved; services are covered
- **Non-Affirmed** - Prior authorization denied; services are not covered under submitted criteria
- **Processing** - Case has been received and clinical review is in progress

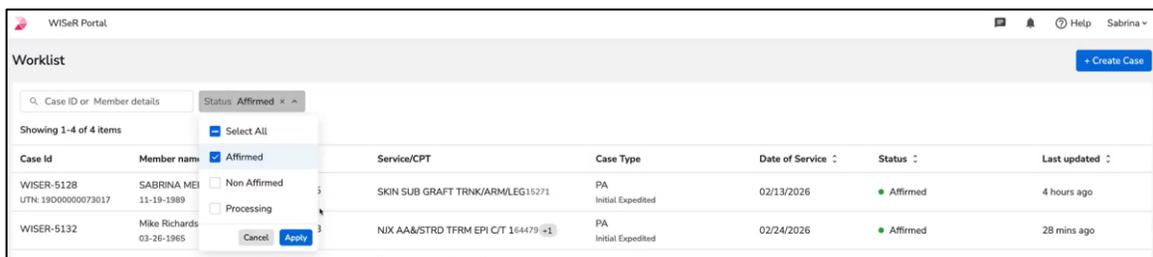
How to Filter

1. Locate the **status filter** dropdown or buttons on the Worklist page
2. Select the status you want to view:
 - Click **Affirmed** to see only approved cases
 - Click **Non-Affirmed** to see only denied cases
 - Click **Processing** to see cases currently under review
3. The Worklist will update to display only cases matching the selected status
4. Clear the filter to return to viewing all cases

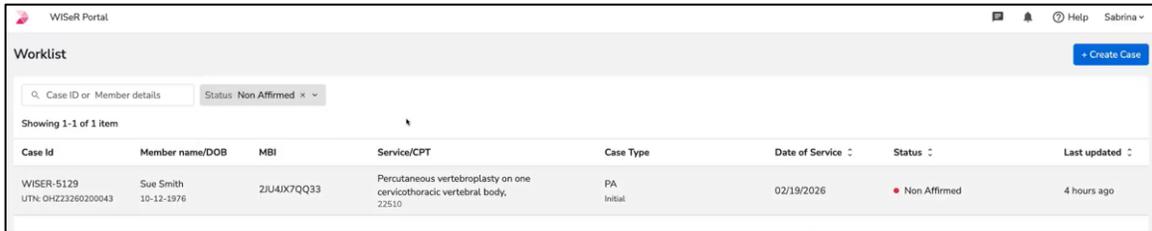
Important Notes

- If no cases match the selected filter, you will see a "No cases found" message
- Filters can be combined with search to narrow results further
- Processing cases indicate determinations have not yet been made
- Affirmed and Non-Affirmed cases have completed clinical review

Screenshot Locations



Screenshot 31: Worklist filtered to display only Affirmed cases



WISer Portal

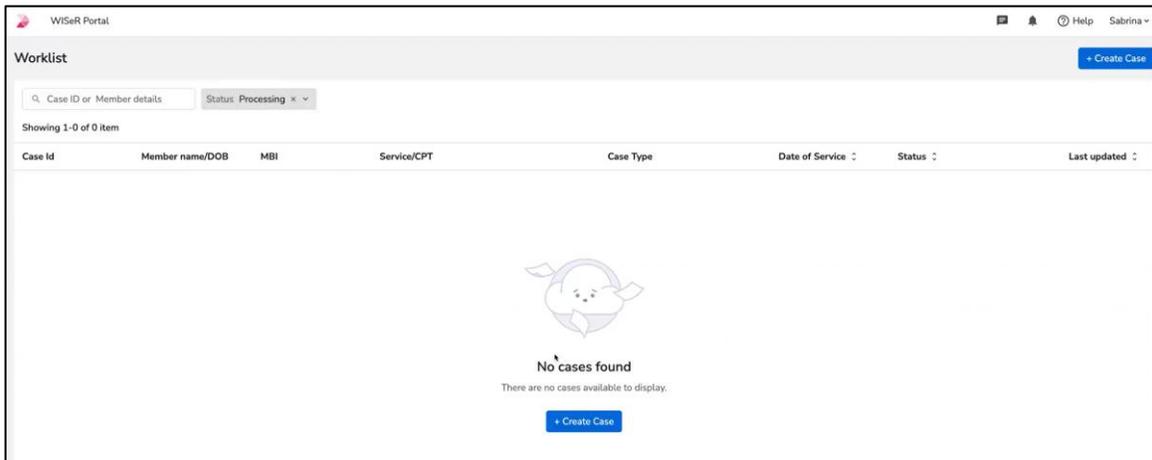
Worklist + Create Case

Case ID or Member details Status: Non Affirmed

Showing 1-1 of 1 item

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5129 UTN: OHZ23260200043	Sue Smith 10-12-1976	2JU4IX7Q33	Percutaneous vertebroplasty on one cervicothoracic vertebral body, 22510	PA Initial	02/19/2026	Non Affirmed	4 hours ago

Screenshot 32: Worklist filtered to display only Non-Affirmed cases



WISer Portal

Worklist + Create Case

Case ID or Member details Status: Processing

Showing 1-0 of 0 item

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
 <p>No cases found There are no cases available to display.</p> <p style="text-align: center;">+ Create Case</p>							

Screenshot 33: "No cases found" message when filtering for Processing status with no active cases

Step 5: Sorting the Worklist

Instructions

You can sort the Worklist by specific columns to organize cases in ascending or descending order.

Sortable Columns

The following three columns support sorting:

- **Date of Service** - Sort by the service date on the request
- **Status** - Sort alphabetically by case status (Affirmed, Non-Affirmed, Processing)
- **Last Updated** - Sort by the most recent status change timestamp

How to Sort

1. Locate the column header you want to sort by (Date of Service, Status, or Last Updated)
2. Click the **column header** or the **sort icon** next to it
3. The Worklist will sort in **ascending order** (A-Z, oldest to newest)
4. Click the column header again to sort in **descending order** (Z-A, newest to oldest)
5. A sort indicator (arrow icon) will appear showing the current sort direction

Important Sorting Limitation

Only one column can be sorted at a time

- Double sorting (sorting by two columns simultaneously) is not supported
- If you want to sort by a different column, you must **remove the sort** from the currently sorted column first
- To remove a sort, click the sorted column header until the sort indicator clears, then sort by the new column

Screenshot Locations

WISer Portal

Worklist + Create Case

Showing 1-4 of 4 items

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5130 UTN: 19000000076431	Gordon Grey 07-16-1960	6Y03F85ATOZ	IMPLANT NEUROELECTRODES63655	PA Initial	02/28/2026	Affirmed	4 hours ago
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 164479	PA Initial Expedited	02/24/2026	Affirmed	28 mins ago
WISER-5129 UTN: OH223260200043	Sue Smith 10-12-1976	2JU4IX7QQ33	Percutaneous vertebroplasty on one cervicothoracic vertebral body. 22510	PA Initial	02/19/2026	Non Affirmed	4 hours ago
WISER-5128 UTN: 19000000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG15271	PA Initial Expedited	02/13/2026	Affirmed	4 hours ago

Screenshot 34: Cases sorted by Date of Service showing most future dates first

WISer Portal

Worklist + Create Case

Showing 1-4 of 4 items

Case Id	Member name/DOB	MBI	Service/CPT	Case Type	Date of Service	Status	Last updated
WISER-5129 UTN: OH223260200043	Sue Smith 10-12-1976	2JU4IX7QQ33	Percutaneous vertebroplasty on one cervicothoracic vertebral body. 22510	PA Initial	02/19/2026	Non Affirmed	4 hours ago
WISER-5128 UTN: 19000000073017	SABRINA MERCEDES 11-19-1989	6Y03F85AT55	SKIN SUB GRAFT TRNK/ARM/LEG15271	PA Initial Expedited	02/13/2026	Affirmed	4 hours ago
WISER-5130 UTN: 19000000076431	Gordon Grey 07-16-1960	6Y03F85ATOZ	IMPLANT NEUROELECTRODES63655	PA Initial	02/28/2026	Affirmed	4 hours ago
WISER-5132	Mike Richardson 03-26-1965	7Y23F85GT43	NIX AA&STRD TFRM EPI C/T 164479	PA Initial Expedited	02/24/2026	Affirmed	29 mins ago

Screenshot 35: Cases sorted alphabetically by Status (Z-A)

Worklist Best Practices

Regular Monitoring

- Check the Worklist daily or several times per week for status updates
- Monitor Processing cases to know when determinations are made
- Verify UTN availability before submitting claims for affirmed cases

Efficient Search and Filter Usage

- Use search when looking for a specific patient or case
- Use status filters to focus on cases requiring action (e.g., Processing or Non-Affirmed)
- Combine search and filters to quickly locate specific cases
- Use partial search terms to save time (no need to type complete values)

Understanding Status Transitions

- **Processing** indicates your case is under active review - no action needed
 - **Affirmed** means approval granted - wait for UTN before billing
 - **Non-Affirmed** means denial - review determination and consider resubmission with additional documentation if appropriate
-

Troubleshooting Common Issues

UTN Not Appearing for Affirmed Case

Problem: Case shows Affirmed status but no UTN is displayed

Solutions:

- Wait 24-48 hours - there is typically a delay between affirmation and UTN assignment by MAC
- Check back periodically by refreshing the Worklist
- If UTN does not appear within 3-5 business days, contact Innovaccer Provider Inquiry for WISeR
- Do not submit claims until a UTN is available

Search Not Finding Expected Case

Problem: Search returns no results even though case exists

Solutions:

- Verify spelling of member name or accuracy of Case ID
- Try searching with partial values (first few characters only)
- Clear any active status filters that might be hiding the case
- Try searching by different criteria (MBI instead of name, or vice versa)
- Ensure you are logged in to the correct provider account

No Cases Found Message

Problem: Worklist shows "No cases found" when filtering or searching

Solutions:

- This indicates no cases match your current filter or search criteria
- Clear the search bar and remove status filters to see all cases
- If still no cases appear, you may not have submitted any cases yet
- Verify you are viewing the correct portal and provider account

Sort Not Working as Expected

Problem: Sorting by a second column doesn't work

Solutions:

- Remember that only one column can be sorted at a time
- Remove the current sort by clicking the sorted column header until the indicator clears
- Then click the new column you want to sort by
- Multiple column sorting is not supported in the current version

Understanding Case Status Definitions

Processing

- **Meaning:** Case has been successfully submitted and received by Innovaccer
- **Review Status:** Clinical review is in progress
- **Expected Duration:** Typically 3-5 business days for standard requests; 24-48 hours for expedited
- **Action Required:** None - wait for determination

Affirmed

- **Meaning:** Prior authorization has been approved
- **Coverage:** Requested services are covered under Medicare guidelines
- **Next Steps:** Wait for UTN to appear, then submit claim with UTN
- **Billing:** Include UTN on claim form to indicate prior authorization obtained

Non-Affirmed

- **Meaning:** Prior authorization has been denied
- **Coverage:** Requested services are not covered under submitted clinical criteria
- **Review:** Review the determination letter for specific reasons
- **Options:** Consider resubmission with additional clinical documentation, peer-to-peer review, or beneficiary notification of non-coverage

Appendix A: Required Fields Reference

Provider Eligibility Section

- FACILITY NPI (required)
- FACILITY PTAN (required)
- FACILITY Fax Number (required)
- Place of Service (required)

Beneficiary Eligibility Section

- Beneficiary First Name (required)
- Beneficiary Last Name (required)
- Date of Birth (required)
- MBI (required)
- Date of Service (required)
- Place of Service (Auto-filled from Provider Eligibility Section)

Request Details Section

- CPT Code(s) (required)
- Primary Diagnosis (required)
- Request Type (required)
- Rendering Physician Name (required)
- Rendering Physician NPI (required)
- Rendering Physician PTAN (required)
- Rendering Physician Address (optional)
- Rendering Physician City (optional)
- Rendering Physician State (optional)
- Rendering Physician ZIP (optional)

Requester Details Section

- Requester Name (required)
- Requester Phone (required)
- Requester Email (optional)
- Requester Fax (optional)

Supporting Documentation

- At least one clinical document (required)

Appendix B: Glossary of Terms

Affirmed - Prior authorization request has been approved; requested services are covered under Medicare guidelines

Beneficiary - Medicare member or patient receiving healthcare services

Case ID - Unique system-generated identifier assigned by Innovaccer to each submitted case

Case Type - Classification of the authorization request (Initial, Initial Expedited, Resubmission, Resubmission Expedited)

CPT Code - Current Procedural Terminology code identifying specific medical services or procedures

Date of Service - The date when services are scheduled to be performed or were performed

ICD-10 - International Classification of Diseases, 10th Revision - diagnostic coding system

LCD - Local Coverage Decision - regional Medicare coverage policy

MBI - Medicare Beneficiary Identifier - unique 11-character identifier for Medicare beneficiaries

Medical Necessity - Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine

NCD - National Coverage Decision - national Medicare coverage policy

Non-Affirmed - Prior authorization request has been denied; requested services are not covered under submitted criteria

NPI - National Provider Identifier - unique 10-digit identification number for healthcare providers

Place of Service - Physical location where healthcare services are performed (e.g., office, hospital, home)

Prior Authorization - Approval from Medicare required before certain services can be performed without prepayment claim review

Processing - Initial case status indicating submission has been received and is awaiting review

PTAN - Provider Transaction Access Number - Medicare identifier for billing purposes

Status - Current state of the case (Processing, Affirmed, or Non-Affirmed)

UTN (Unique Tracking Number) - Unique tracking number provided by Medicare contractor for affirmed cases; must be submitted on claims

WISeR Model - Medicare Wasteful and Inappropriate Services Reduction Model

Worklist - Central dashboard displaying all previously submitted prior authorization cases

Appendix C: Worklist Column Quick Reference

Column	Sortable
Case ID	No
Status	Yes
UTN	No
Member Name and DOB	No
MBI	No
Service and CPT Code	No
Case Type	No
Date of Service	Yes
Last Updated	Yes

Table 3: Worklist columns and sort capabilities

Document Revision History

Version	Date	Changes
1.0	2/12/2026	Initial release of provider portal guide
2.0	2/26/2026	Moved place of service from beneficiary eligibility to provider eligibility page to ensure facility is eligible based on the place of service entered. Beneficiary Eligibility response now includes Beneficiary Name, DOB and MBI for validation. Added search feature to Service/CPT code dropdown. Requestor Details update to default First Name, Last Name and email address to logged in user.

End of Document