



Webinar

Teleconference



WISeR Model

December 17, 2025

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Virtual Webinar

Instructions

Today's Handouts

Handouts (Presentation and Certificate of Attendance) will be emailed to all attendees within 2 business days



Have a Question?

- Questions can be submitted in the chat box located at the top of your Teams screen
- You will be able to unmute your mic, for verbal inquiries
- Please use the survey link or scan the QR code to give your feedback about today's session
- Please use the chat box to report any technical difficulties

<https://qr-creator.com/d/807632457>

**Protect your
information!**

Medicare Fraud Fax/Phishing Alert!

CMS has identified a fraud scheme targeting Medicare providers and suppliers. Scammers are impersonating CMS and sending phishing fax requests for medical records and documentation, falsely claiming to be part of a Medicare audit.

- CMS doesn't initiate audits by requesting medical records via fax
- **If you receive a suspicious request, don't respond**
- If you think you got a fraudulent or questionable request, work with your Medical Review Contractor website to confirm if it's real

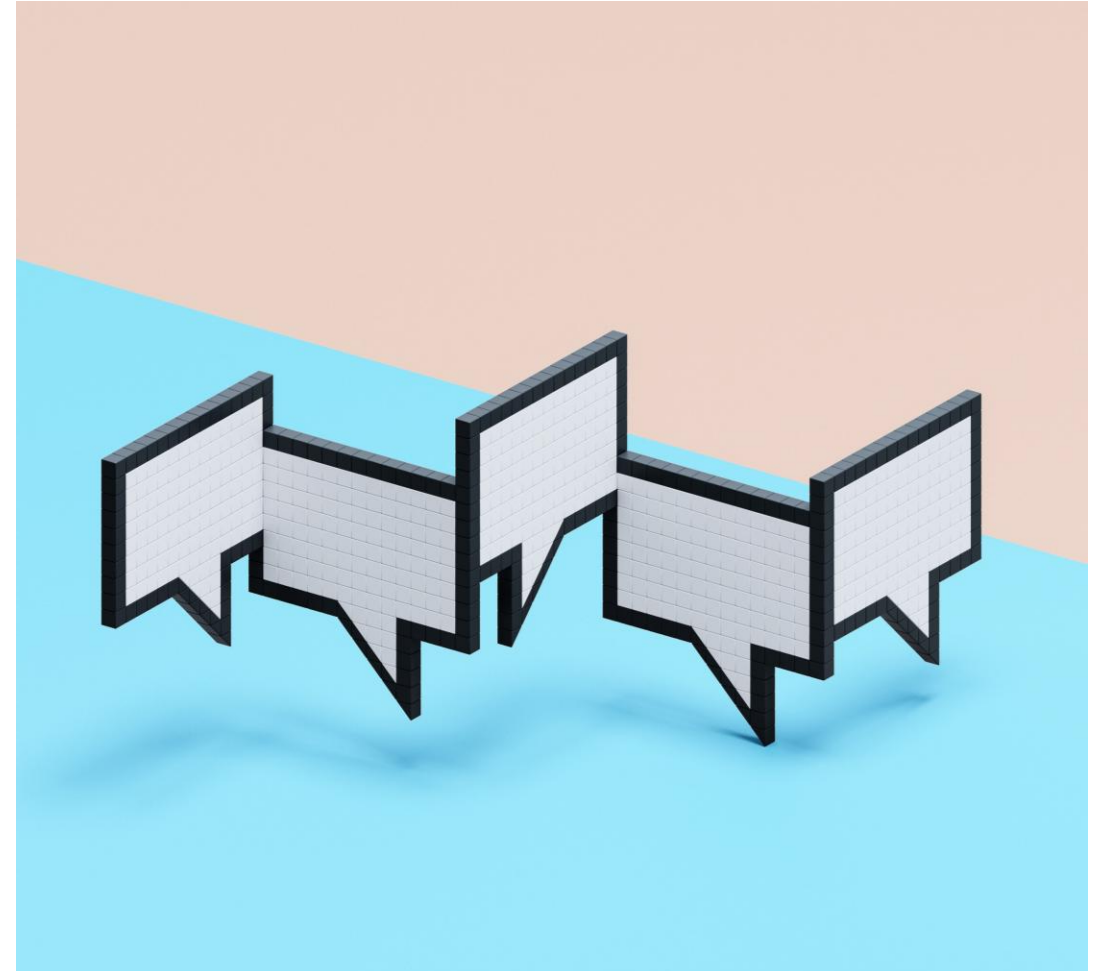
Reference: Attention: Phishing Fax Requests

- HHH - <https://cgsmedicare.com/hhh/pubs/news/2025/06/cope181130.html>
- Part A - <https://cgsmedicare.com/parta/pubs/news/2025/06/cope181130.html>
- Part B - <https://cgsmedicare.com/partb/pubs/news/2025/06/cope181130.html>

Green Mail Change

Effective November 3rd, 2025:

- Traditional Mail **ENDS** for **ALL** portal users
- All correspondence will be sent via myCGS
- Prepare for this change with:
 - [myCGS User Manual](#)
 - Electronic Mailing List for updates
 - Calendar of Events for virtual education
 - Feedback via surveys
- Part A
<https://cgsmedicare.com/parta/pubs/news/2025/08/cope185080.html>
- Part B
<https://cgsmedicare.com/partb/pubs/news/2025/08/cope185080.html>
- HHH
<https://cgsmedicare.com/hhh/pubs/news/2025/08/cope185080.html>



Disclaimer

This presentation was current at the time it was published or uploaded onto the CGS website. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.



Objectives

- What is the **WISeR Model**
- The Role of CGS
- Participants
- Categories of Services
- Processes
- Resources





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The Role of CGS

Information Liaison

The Role of CGS

- The MAC's assigned task within the WISeR model is to:
 - Accept and forward WISeR prior authorization requests to the model participant
 - Suspend claims for medical review (performed by model participant) when WISeR prior authorization is not requested
 - Approve or deny payment based on model participant review
 - Perform review of appeals





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Meet the Participant

[Innovaccer](#) will be the model participant for Ohio

CMS WISeR Model Overview


Wasteful and Inappropriate Services Reduction (WISeR) Model




CMS WISeR Model

- Tests the use of enhanced technology to decrease certain wasteful (low-value) services shown to have little to no clinical, evidence-based benefit.
- Applies prior authorization and pre-payment review to reduce inappropriate services.
- Focuses on select items and services vulnerable to fraud, waste, and abuse (e.g. cervical fusion, deep brain stimulation, epidural steroid injections).


WISeR Model Goals & Objectives




Improve Patient Well-Being
Focus health care spending on items and services that improve patient well-being



Apply Commercial Processes
Apply commercial payer processes that may be faster, easier and more accurate



Increase Transparency
Increase transparency on existing Medicare coverage policy



Reduce Unnecessary Care
De-incentivize and reduce use of medically unnecessary care

Performance Period One

January - December
2026 - 2029

Performance Period Two

January - December
2029 - 2031



January 5, 2026

Go Live

WISeR Model Design



Apply technology to select services that

- May pose concerns related to patient safety if delivered inappropriately
- Has existing publicly available coverage criteria (NCD/LCD)
- May involve prior reports of fraud, waste and abuse



Selected service examples include

- Skin and tissue substitutes
- Electrical nerve stimulators
- Knee arthroscopy for knee osteoarthritis



Model excludes

- Inpatient-only services
- Emergency services
- Services that would pose risk to patients if delayed
- First line diagnostics and treatments for med condition
- Any service/code subject to other Medicare PA program

WiSeR Model Services Included Year 1 (2026)

| Service Category | Associated NCD/LCDs | HCPCS/ CPT Codes |
|---|--|---|
| Electrical Nerve Stimulators | NCD 160.7 | 63655 |
| Sacral Nerve Stimulation for Urinary Incontinence | NCD 230.18 | 64561, 64581 |
| Phrenic Nerve Stimulator | NCD 160.19 | 33276, 33277 |
| Vagus Nerve Stimulation | NCD 160.18 | 64568 |
| Induced Lesions of Nerve Tracts | NCD 160.1 | 64605, 64610 |
| Epidural Steroid Injections for Pain Management | L39015, L39240, L36920 | 62321, 62323, 64479, 64480, 64483, 64484 |
| Percutaneous Vertebral Augmentation (VA) for Vertebral Compression Fracture (VCF) | L34228 (formerly L34106), L34228, L35130 | 22510, 22511, 22512, 22513, 22514, 22515 |
| Cervical Fusion | L39741, L39758, L39793 | 22554, 22585 |
| Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee | NCD 150.9 | 29877 |
| Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea | L38307, L38310, L38385 | 64582 |
| Incontinence Control Devices | NCD 230.10 | 53440, 53445, 53451, 53452, 57288 |
| Diagnosis and Treatment of Impotence | NCD 230.4 | 54400, 54401, 54405 |
| Percutaneous Image-Guided Lumbar Decompression for Spinal Stenosis | NCD 150.13 | 0275T, G0276 |
| Skin and Tissue Substitutes (Only applicable to selected WiSeR MAC Jurisdictions and states with an active LCD in place during the WiSeR performance years starting on January 1, 2026.) •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 | 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278 (15271-15278 & C5271-C5278) |

Innovaccer partnership with KFMC

Licensed, independent clinical reviewers performing medical necessity for PA and prepayment reviews

About KFMC

- **Providing services to Federal and State customers for 50+ years**
- **URAC Accredited Independent Review Organization**
- **Federally designated External Quality Review Organization and QIO-Like Entity**
- Leverage a robust, multi-specialty panel of actively practicing clinicians (145+)
- Completed more than 70,000 reviews in the past 10 years
- Consistently exceed timeliness expectations for making determinations:
- Inter-Rater Reliability (IRR) Score = 98.88% agreement



Technology companies

- Demonstrate expertise managing the PA process for other payers using enhanced technology such as AI or Machine Learning (ML)
- Apply their technology in an assigned state to help medical reviewers assess a set of items and services chosen by CMS



Licensed clinical reviewers

- Must have expertise to conduct medical reviews to validate determinations.
- Make recommendations for non-affirmation or non-payment will be determined by licensed clinicians



Model Performance Measures

Process Quality

- Number of non-affirmations and favorable appeal decisions
- Volume of requests processed

Provider/Supplier and Beneficiary Experience

- Timeliness of response
- Clarity of explanation of request determination

Clinical Quality Outcomes

- Use of alternative services
- Evidence of ongoing urgent need to address the clinical issue



WISeR Model Implementation and Processes



Innovaccer Timeline and Approach

Performance Period One (2026)

Phase One

Go Live January 5, 2026

- Begin processing prior auths
- Begin prepayment reviews
- Return affirm / non-affirmed decisions

Phase Two

Q1 2026

- Launch **Provider Portal**
- **Refine application of clinical criteria**

Phase Three

Q2-Q4 2026

- Rollout enhancements to Provider Portal

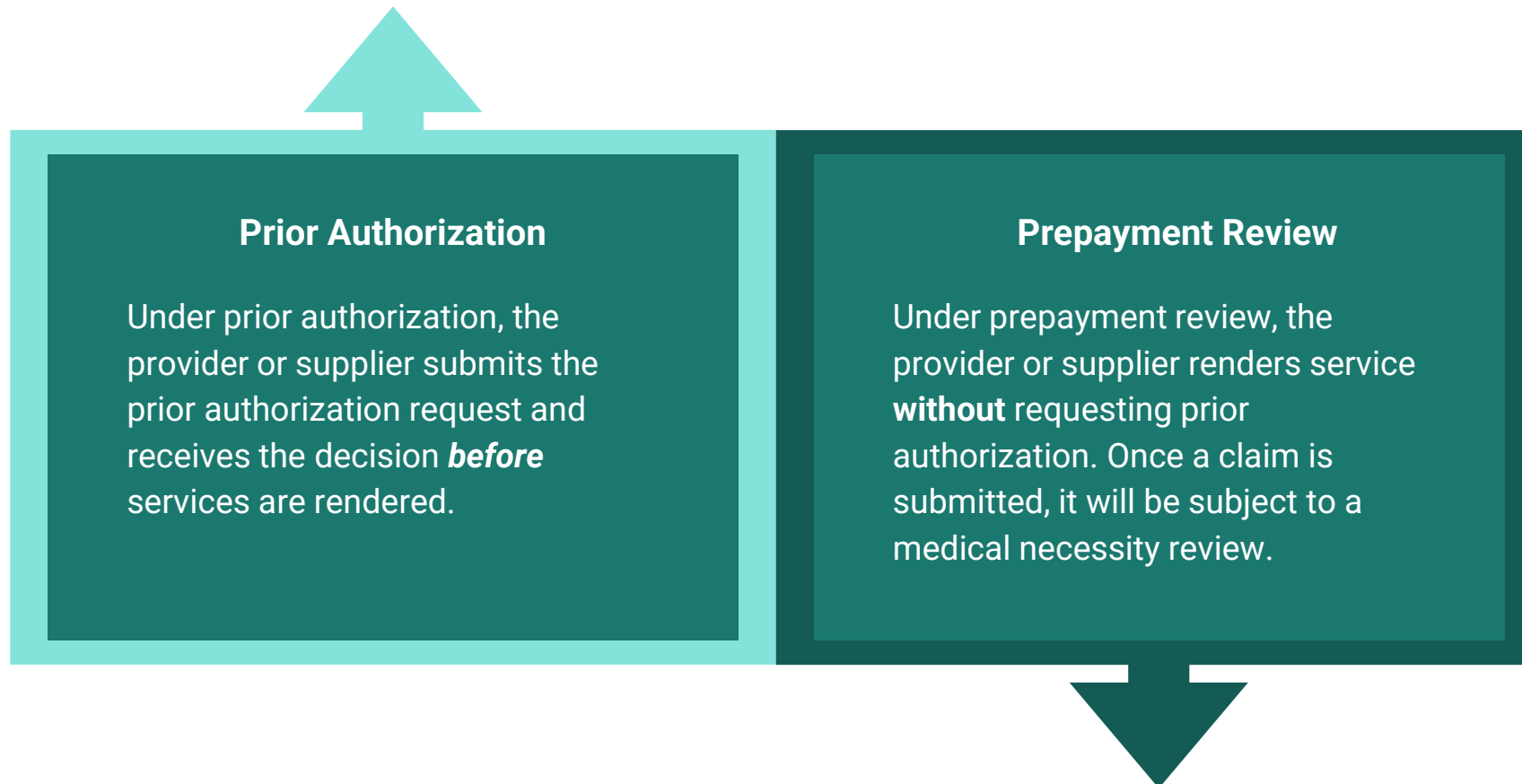
Implementation Approach to Minimize Disruption

- At the start of the Model Performance Period, Innovaccer will apply clinical criteria in a more flexible manner to support a smoother transition. The goal is to minimize disruption and abrasion for providers and beneficiaries.
- As the Model Performance Period progresses, Innovaccer will refine and standardize the application of clinical criteria based on data and experience, while remaining focused on accuracy and beneficiary impact.
- With this approach, providers may occasionally see prior authorization requests similar to those affirmed earlier in the period not affirmed later. This refinement reflects improving precision, not a shift away from supporting providers and beneficiaries.
- Throughout this process, Innovaccer is committed to reducing provider abrasion by offering clear guidance, resources and transparency into changes.

The overarching goal is to protect beneficiaries from avoidable care delays while ensuring that clinical criteria are applied consistently, appropriately, and with the least possible impact on beneficiaries and their providers.

Two Provider Pathways in the WISeR Model: Prior Authorization and Prepayment Review

Prior authorization and pre-claim reviews are similar, but differ in the timing of the review and when services begin.



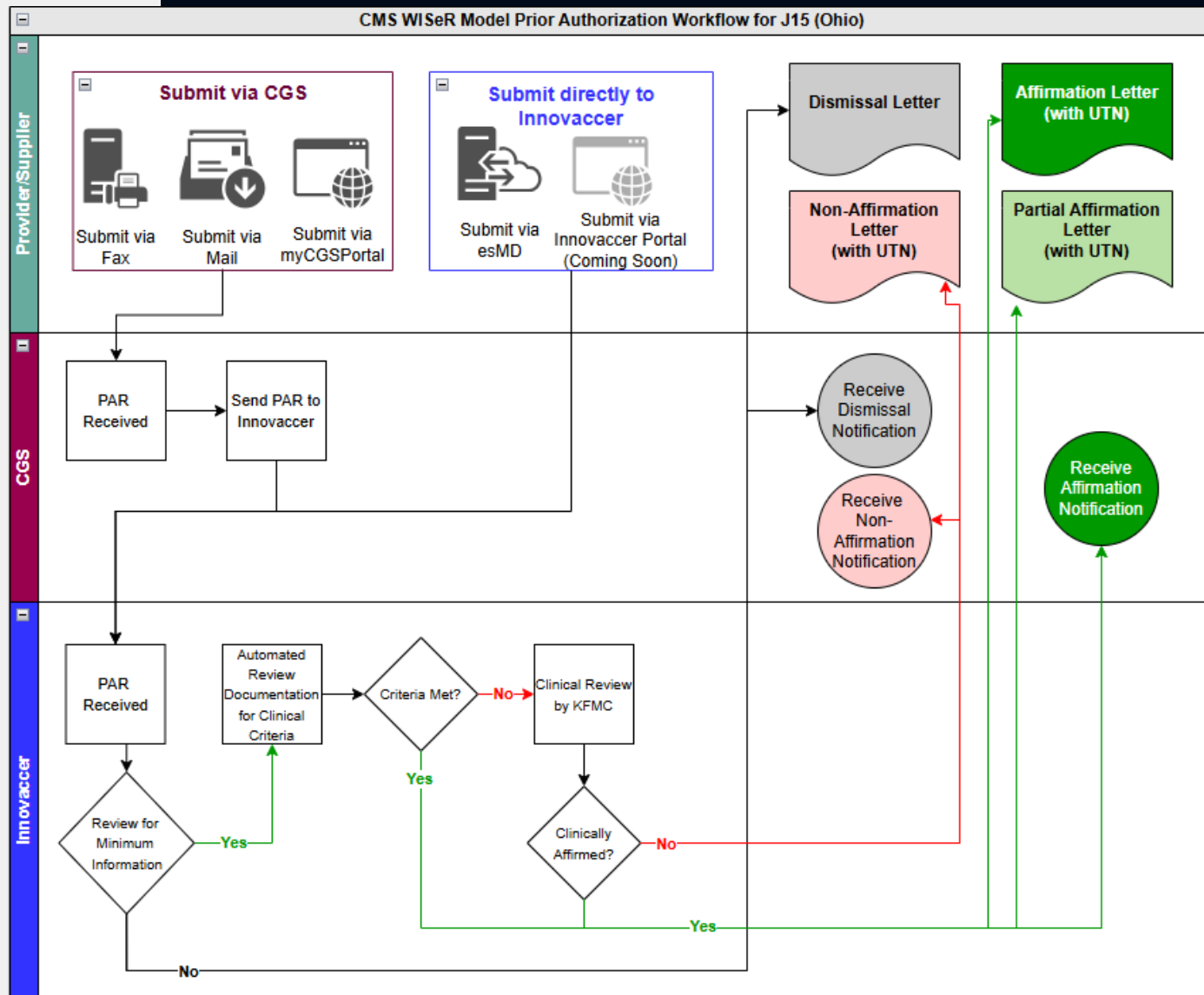
Prior Authorization Process Overview

Submit through CGS:

- [myCGS Portal](#)
- Fax: 615-782-4443
- Mail:
 - CGS
 - PO Box 20203
 - Nashville, TN 37202

Submit Directly to Innovaccer:

- [esMD](#)
- Innovaccer Portal (Coming Soon)



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION!

JURISDICTION 15 PART A AND PART B OHIO

IMPLEMENTATION OF WASTEFUL AND INAPPROPRIATE SERVICE REDUCTION (WISeR) MODEL PRIOR AUTHORIZATION

PAR 457

All fields are REQUIRED unless otherwise noted. Incomplete or illegible handwritten requests will be returned.

Note: Use of this request document will require submission via fax, mail, or the electronic submission of Medical Documentation (esMD). To save time, use the myCGS web portal to submit your request, upload your documentation electronically, track the status of your request, and receive a quicker response.

Request Type

Place of Service

Requested CPT/HCPCS (max of 4)

Primary Diagnosis Code

Date of Service

UTN

Only required for Resubmissions. Enter the UTN of most recent submission.

FACILITY INFORMATION (HOPD/ASC) OR GROUP PRACTICE INFORMATION (PHYSICIAN OFFICE/HOME SETTING)

Name

PTAN

NPI

Fax Number

Note: If submitting by fax, fax number is required. The fax number must be the fax number of the Place of Service.

Note: Facility information should be the Place of Service.

BENEFICIARY INFORMATION (only one beneficiary per form)

Beneficiary Name

Medicare ID

Date of Birth (DOB)

ATTENDING/RENDERING PHYSICIAN INFORMATION

Physician Name

PTAN

NPI

Fax Number

Address

REQUESTOR INFORMATION

Requestor Name

Email

Date

Phone Number

Fax Number

Disclaimer: The documents accompanying this facsimile transmittal are intended only for the use of the individual or entity to which it is addressed. It contains information that is privileged, confidential, and exempt from disclosure under law. If the recipient of this document is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you are not the intended recipient, you are hereby notified that by law you are strictly prohibited to disclose, copy, distribute, or take any action in reliance on the contents of this document. If you have received this fax in error please call 1.866.590.6703.

Fax to: 615.782.4443

Mail to: CGS
PO Box 20203
Nashville, TN 37202

For additional information, please visit our website at:
Part A: <https://www.cgsmedicare.com/parts/pa/wiser.html>
Part B: <https://www.cgsmedicare.com/parts/pb/wiser.html>

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CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

PAR 457:

WISeR Prior
Authorization
Form






innovaccor

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Receiving Decision Letters

Decision Letters will be sent to the provider/supplier via the same method used to submit the PAR.

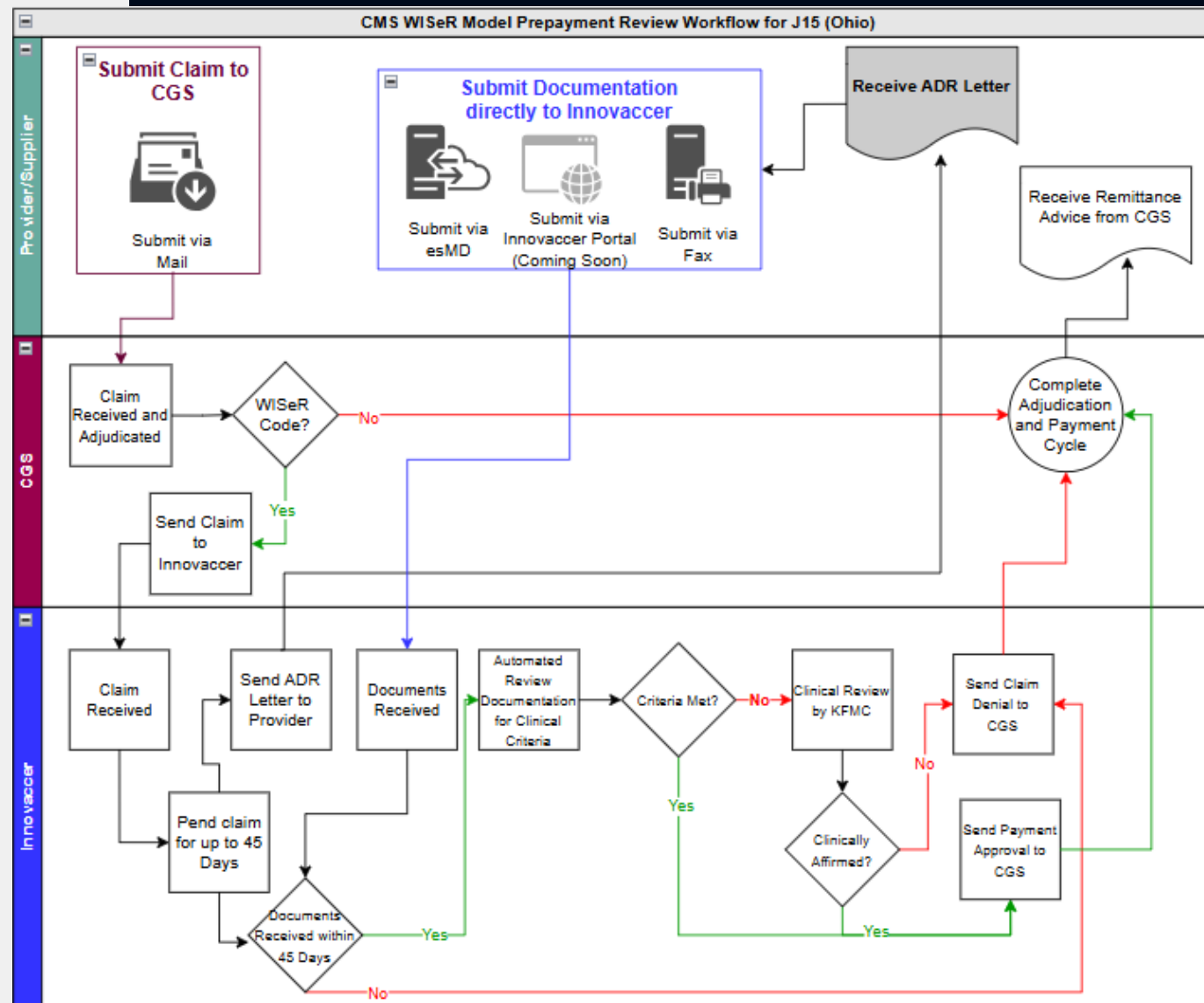
How is the PAR Submitted?

| | | |
|---------------------------------|---|---|
| Via myCGS Portal |  | <ul style="list-style-type: none">• CGS will post the decision letter to the myCGS Portal.• A copy will be mailed to the beneficiary. |
| Via Fax to CGS |  | <ul style="list-style-type: none">• Innovaccer will return the decision letter to the same fax number it received from the provider.• A copy will be mailed to the beneficiary. |
| Via Mail to CGS |  | <ul style="list-style-type: none">• Innovaccer will mail the decision letter via USPS to the address on file for the provider or supplier.• A copy will be mailed to the beneficiary. |
| Via the esMD to Innovaccer |  | <ul style="list-style-type: none">• Innovaccer will return the decision letter via the esMD• A copy will be mailed to the beneficiary. |
| Via the Innovaccer WISer Portal |  | <ul style="list-style-type: none">• Innovaccer will return the decision letter via the Innovaccer WISer Portal• A copy will be mailed to the beneficiary. |

Prepayment Review Process Overview

Submit ADR Response Directly to Innovaccer:

- Fax: TBD
- [esMD](#)
- Innovaccer Portal (Coming Soon)




Enhanced Provider Portal

User-friendly and efficient workflow tool where providers can submit, manage and resubmit and prior auth requests. Portal features and functionality will include:

- Provisional affirmation before a service is rendered, reducing billing uncertainty.
- Confirmation of member eligibility.
- Notification of required Prior Auth for service.
- Confirmation clinical guidelines have been met for the requested service.
- Confirmation the necessary documentation is correctly uploaded, categorized and linked
- A process for providers to respond to a non-affirmed decision in a clear and fair manner.

← Transthoracic Echocardiogram with Doppler

 PA agent is working...

✓ Eligibility check completed

Blue Haven PPO

Member ID: 999287345

Coverage: Medical - Outpatient Diagnostic


[View transcript](#)

✓ Prior Auth required


✓ Clinical guidelines met

Blue Haven guidelines for Echocardiogram

Symptoms suggestive of cardiac disease

- ✓ Patient reports exertional palpitations, dizziness, and near-syncope with a "racing/skipping" heartbeat, limiting daily activities. 

Abnormal EKG findings

- ✓ Office EKG shows sinus rhythm with occasional PVCs, LVH by voltage, and nonspecific ST-T changes in inferolateral leads. 

✓ Supporting Documents added

 EKG report ×

 Progress Note ×

Summary of Frequently Asked Questions

| Theme | Provider Topic | General Response |
|---|--|--|
| Model Basics & Timeline | Understanding when the WISeR Model launches and how it differs from existing prior authorization programs. | The WISeR Model is a 6-year value-based program (January 1, 2026–December 31, 2031) that introduces new processes and enhanced technologies through a Model Participant approach, distinguishing it from traditional prior authorization demonstrations. Implementation begins January 1, 2026. Starting January 5, 2025 CGS and Innovaccer will start accepting prior authorization requests for dates of service on or after January 15, 2026. |
| Place of Service & Setting Requirements | Determining which provider settings and facility types require prior authorization under WISeR. | The WISeR Model applies to prior authorization requests in ambulatory surgical centers (ASCs), hospital outpatient departments (HOPDs) reported on TOB 13X claims, and physician office/home settings. Critical access hospitals are excluded. When a service is performed in an ASC/HOPD setting, only ONE prior authorization request is needed—report the UTN on the ASC/HOPD claim only, not on separate provider claim. |
| Prior Authorization Scope & Multiple Requests | Understanding whether multiple prior authorizations are needed for a single service involving multiple billing entities. | Prior authorization under WISeR is submitted once per service location. When a service is performed in a particular setting (ASC, HOPD, office, or home), one prior authorization request covers all associated billing—including separate provider services, facility fees, and ancillary services like anesthesia. Report the Unique Tracking Number (UTN) only on the primary claim for that setting. |
| Selected Items & Services Specificity | Clarity on which specific HCPCS/CPT codes and services are subject to WISeR prior authorization, particularly for specialized items like skin substitutes. | Prior authorization requirements in WISeR apply to specific services and items as defined in the WISeR Model Provider and Supplier Operational Guide. Services subject to authorization include skin/tissue substitutes for lower extremity chronic wounds, sacral nerve stimulation (permanent implants, not trials), and other designated procedures. Providers should consult the Operational Guide (Sections 3–4 for processes, Section 6.2.14 for skin substitutes specifics) or contact WISeR support for code-specific questions. |
| Coverage Updates & System Adjustments | How providers and systems stay informed when LCD/NCD changes occur and how those changes are implemented in the authorization system. | CMS notifies Innovaccer (the Model Participant) of any upcoming National Coverage Determination (NCD) or Local Coverage Determination (LCD) changes in advance. Innovaccer actively monitors the Medicare Coverage Database and is registered for update alerts. System adjustments are made prior to the change effective date to ensure authorization criteria remain current and compliant. |
| Testing & Implementation Preparation | How to test systems and workflows before the January 15 enforcement date. | Testing procedures and implementation support should be directed to WISeR@cms.hhs.gov . Currently, CMS has not provided a dedicated pre-launch testing period for providers. Providers should prepare systems and staff training in advance of the January 5, 2026, Go-Live date to ensure smooth transition to WISeR prior authorization requirements. |

How likely are you to recommend our education to a colleague or peer?





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Resources

WISeR Contact Information

Stay Connected

- Contact the WISeR team: WISeR@cms.hhs.gov
- WISeR Model Listserv:
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_13345
- CMS Innovation Center Listserv:
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_617



WISeR Resources

- **CGS Part A** - Wasteful and Inappropriate Service Reduction (WISeR) Model:
<https://cgsmedicare.com/parta/pa/wiser.html>
- **CGS Part B** - Wasteful and Inappropriate Service Reduction (WISeR) Model:
<https://cgsmedicare.com/partb/pa/wiser.html>
- **CMS** - WISeR (Wasteful and Inappropriate Service Reduction) Model:
<https://www.cms.gov/priorities/innovation/innovation-models/wiser>
- WISeR Model Provider and Supplier Operational Guide, Version 2.0:
<https://www.cms.gov/files/document/wiser-provider-supplier-guide.pdf>
- **Innovaccor** CMS WISeR Model Webpage:
<https://innovaccor.com/resources/cms-wiser/oh>



WISeR Resources

- WISeR Model Office Hour Video (YouTube): <https://youtu.be/CATxta1fFu4>
 - Slides of video: <https://www.cms.gov/files/document/wiser-oh1-slides.pdf>
- WISeR Model Fact Sheet: <https://www.cms.gov/files/document/wiser-fact-sheet.pdf>
- WISeR Model Frequently Asked Questions:
<https://www.cms.gov/priorities/innovation/files/document/wiser-model-frequently-asked-questions>
- CMS WISeR Prior Authorization Form (**PAR 457**)
<https://drive.google.com/file/d/1wGX-Luc0BZHklxxQa5bWVeyiKhfZKxVC/view?usp=sharing>
- CGS/Innovaccer WISeR Q&As – Coming Soon!





CGS & Innovaccer Contact Information

- Part A Provider Contact Center: 1-866-590-6703
- Part B Provider Contact Center: 1-866-276-9558
- Part A Provider Outreach and Education: J15_PartA_Education@cgsadmin.com
- Part B Provider Outreach and Education: J15_PartB_Education@cgsadmin.com
- Innovaccer WISeR Inquiry Email: ohcmswiper-inquiry@innovaccer.com



Upcoming Events

Claims

COVID-19

Education & Events



Electronic Data Interchange
(EDI)



FAQs

Fee Schedules/Pricers



| | Event Title | Event Date | Time |
|--|---|------------|--------------------------------|
| | What is New With myCGS?? - PART A, PART B, HOME HEALTH & HOSPICE | 12/16/2025 | 11:00 AM-12:00 PM,Eastern Time |
| | The WISeR Model: Educational Session (Reprisal) - Part A & Part B - REGISTRATION OPEN | 12/17/2025 | 02:00 PM-03:00 PM,Eastern Time |
| | Immunizations and Preventive Services (Part B) - REGISTRATION NOW OPEN | 12/18/2025 | 01:00 PM-02:00 PM,Eastern Time |
| | WISeR Model - Office Hour session - Part A / Part B | 12/30/2025 | 02:00 PM-03:00 PM,Eastern Time |

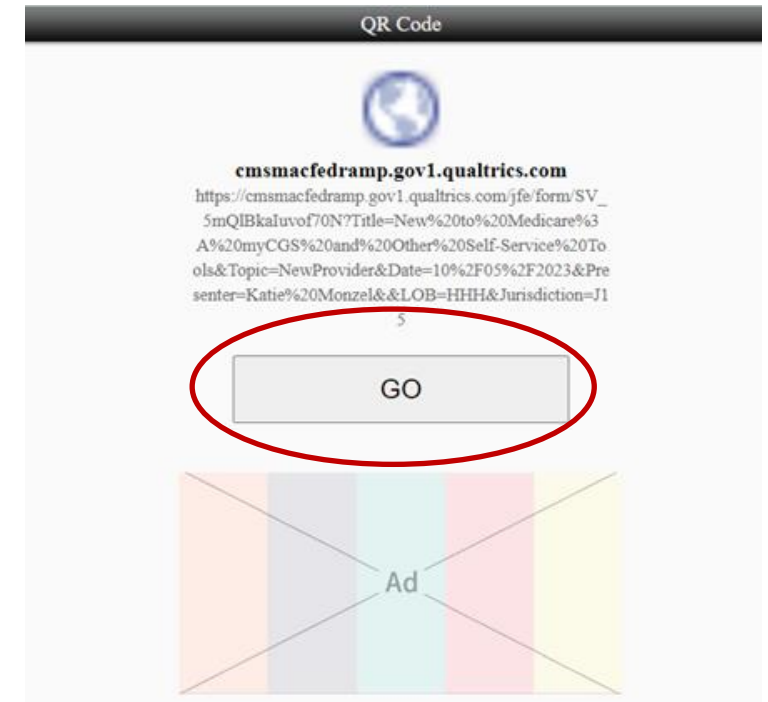
Thank You for Joining Us!

We value your feedback

Please let us know how you liked today's session and presenters!



Let us know any future education sessions you would like to see and how likely you are to return for more education sessions



<https://qr-creator.com/d/807632457>