

# Radiology Wasteful and Inappropriate Service Reduction (WISeR) Model Checklist

*(Effective January 1, 2026)<sup>1</sup>*

## **WISer Program Overview**

The Wasteful and Inappropriate Service Reduction (WISeR) Model is a CMS Innovation Center initiative intended to reduce unnecessary and potentially harmful services in traditional Medicare. The model uses artificial intelligence–enhanced prior authorization and pre-payment medical review to assess whether selected services meet existing Medicare coverage requirements.

CMS contracts directly with external WISeR Participant technology companies to conduct these reviews, and providers are directed to their state’s assigned WISer Participant for service-related questions.

WISeR does not alter Medicare benefits or coverage rules and applies to select services in six states: **New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington**. [Learn more](#)

## **WISeR Timeline**

- **Start Date:** January 1, 2026
- **Prior Authorization Requests Begin:** January 5, 2026
- **Services Covered:** From January 15, 2026
- **End Date:** December 31, 2031

## **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.

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<sup>1</sup> Updated April 2026 | Reflects changes to the WISeR Provider and Supplier Operational Guide



- There will be no change in provider payments or providers' appeal rights.

WISeR will focus on services delivered in hospital outpatient departments (HOPD), Ambulatory Surgery Centers, the office, and the home.

Note: Claims from VA, IHS, Medicare Advantage, and emergency services are excluded.

### **Items and Services Included in WISeR**

The prior authorization process under this model will be implemented for the following items and services:

- ✓ Electrical nerve stimulators
- ✓ Sacral nerve stimulation for urinary incontinence
- ✓ Phrenic nerve stimulator
- ✓ Vagus nerve stimulation
- ✓ Induced lesions of nerve tracts
- ✓ Epidural steroid Injections for pain management excluding facet joint injections
- ✓ Percutaneous vertebral augmentation (PVA) for vertebral compression fracture
- ✓ Cervical fusion
- ✓ Arthroscopic lavage and arthroscopic debridement for the osteoarthritic knee
- ✓ Hypoglossal nerve stimulation for obstructive sleep apnea
- ✓ Incontinence control devices
- ✓ Diagnosis and treatment of impotence
- ✓ Skin and tissue substitutes

Note: CMS delayed implementation of Deep Brain Stimulation and Percutaneous Image-Guided Lumbar Decompression for Spinal Stenosis. As a result, these services are not subject to prior authorization or pre-payment review under the WISeR Model when the model began in January 2026. See [Federal Register Announcement](#).

**Review Appendix A of the [Wasteful and Inappropriate Service Reduction \(WISeR\) Model Provider and Supplier Operational Guide](#)**



## Checklist

### 1. Confirm Applicability

- Check if your state is part of the WISeR pilot: **AZ, NJ, OH, OK, TX, WA.**
- Verify if your radiology services fall under WISeR PA or review requirements (e.g., CPT codes for percutaneous vertebral augmentation or epidural steroid injections for Pain Management).
- Review Coverage Pathways and WISeR Model Workflow

WISeR Providers have two options under WISeR to receive coverage determinations:

1. Submit a **prior authorization request** to receive a determination before administering WISeR Select Items and Services.
2. Furnish WISeR Select Items and Services immediately and wait for the **determination through pre-payment review** (see [Operational Guide section 2](#)).

### 2. Prior Authorization (PA)

- **Determine PA necessity** for applicable CPT codes before scheduling procedures.
- Submit PA requests via WISeR participant portal or fax (see [Operational Guide sections 3.3 and 3.4](#)).
- Include **all required documentation**:
  - Clinical notes supporting medical necessity.
  - Imaging reports relevant to the procedure.
  - Any prior conservative treatment evidence if required by LCD/NCD.

**Note:** If a provider or supplier chooses not to submit a prior authorization request for an included service, their claim for the service would be subject to pre-payment medical review for any date of service on or after January 15, 2026.



### 3. Documentation Standards

- Follow updated **documentation requirements** ([see Operational Guide section 6.2](#))
- Ensure imaging studies are properly labeled and attached to PA submissions.
- Maintain compliance with NCD/LCD requirements (e.g., L34106, L38201, L35130 for PVA for VCF).

### 4. Determinations & Timeframes

Once a prior authorization request is submitted, the WISeR participant will review the information submitted and issue a prior authorization decision (affirmation or non-affirmation) to the requester. Each prior authorization request will be assigned a unique tracking number (UTN) generated by the MAC. The UTN is valid for 120 calendar days from the decision approval date.

- **PA Determination:** WISeR participant issues decision within 3 calendar days of receiving the initial or resubmitted request.
- **Expedited PA Request:** Provided within 2 days of receipt of the expedited request. The requester must provide applicable documentation to show delays could seriously jeopardize the WISeR beneficiary's life, health, or ability to regain maximum function.
- **Pre-payment Review:** Providers have 45 days to respond to the additional documentation request (ADR); WISeR participant sends decision to MAC within 3 days of receipt. MAC will approve or deny payment.

### 5. Claim Submission

Submitting prior authorization requests for WISeR select items and services is voluntary; however, if a claim for a WISeR select item or service is submitted without a prior authorization request, the MAC will suspend the related claim and re-route it to the WISeR Participant to conduct a pre-payment medical review.

- Submit claims only after PA affirmation or prepare for pre-payment review.
- Track PA decision types: **affirmation, non-affirmation, provisional partial affirmation, and dismissal.** ([see Operational Guide section 4](#)).
- Review Table 4 for common dismissal reasons and corrective actions. Providers can request a Peer-to-Peer clinical review to discuss non-affirmed decisions; must be managed with the Wiser Participant.



- WISeR providers will need to **ensure the UTN** is included on each submitted claim if the service is rendered, regardless of whether the prior authorization request determination is an affirmation or non-affirmation. ([see Operational Guide section 7](#)).
- CMS recommends holding claims and not submitting it for payment until a UTN is provided. Claims submitted without a UTN will be suspended.

## 6. Exemption(s) / Gold Carding

- CMS and WISeR participants will introduce an automatic exemption process this year to reduce administrative burden for providers. ([see Operational Guide section 5](#)).
- To qualify for Exemption Status, a WISeR provider must submit at least 10 prior authorization requests for WISeR Select Items and Services during an exemption assessment period and meet the required affirmation threshold during that same period.
- WISeR participants will publish additional exemption criteria this spring and begin issuing exemption status notifications in June.

## 7. Monitor Updates

- Review **quarterly updates** for CPT code changes.
- Stay current with **WISeR FAQs and CMS transmittals** for new guidance.

## 8. Appeals & Resubmissions

- Unlimited PA resubmissions are allowed at no cost.
- If claim denied post-payment, use standard MAC appeal process.

## 9. Internal Training

- Train staff on WISeR workflows, documentation requirements, and timelines.
- Update EHR templates to capture required PA documentation.



## Resources

- [WISeR Model Website](#)
- [WISer Model Federal Register Notice](#)
- [WISeR Model Frequently Asked Questions](#)
- ACR Bulletin [WISeR: The Intersection of Prior Authorization and AI](#)
- [WISeR Model Provider and Supplier Operational Guide Version 5.0 \(March 12, 2026\)](#)  
Explains the pre-payment review, prior authorization submission, and determination processes. Providers and staff are encouraged to bookmark this website as changes are frequent.
- [Change Request 14205 and Transmittal 13652](#)- Implementation of WISeR Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) (*February 13, 2026*) note this link will change at least quarterly.
- ACR Members affected by the WISeR Model are encouraged to complete a [feedback survey](#) to share their experience.
- Feedback on the WISeR model can be submitted to CMS at [WISeR@cms.hhs.gov](mailto:WISeR@cms.hhs.gov).

### Refer to ACR Advocacy News Items

- [CMS Announces Prior Authorization Test Model](#)
- [CMS WISeR Model: What Radiology Providers Need to Know](#)
- [CMMI WISeR Model Participants Announced](#)
- [CMS Issues Updated Guidance on WISeR Model](#)
- [CMMI Updates WISeR Model Provider, Supplier Operational Guide](#)



## WISeR Model Participant Contact Information

### **Cohere Health, Inc.**

*Texas*

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404.835.8325

Email: [wiser.support@coherehealth.com](mailto:wiser.support@coherehealth.com)

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<https://next.coherehealth.com/4>

### **Innovaccer Inc.**

*Ohio*

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### **Genzeon Corporation**

*New Jersey*

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484.200.2155

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### **Virtix Health LLC**

*Washington*

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Email: [wiser.support@virtixhealth.com](mailto:wiser.support@virtixhealth.com)

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<https://wiser.portal.virtixhealth.com/login>

### **Humata Health, Inc.**

*Oklahoma*

Telephone: 407.308.0378; Fax:  
617.843.6857

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Web Portal:

<https://psi.humatahealth.com/login>

### **Zyter Inc.**

*Arizona*

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1889

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Web Portal:

[https://zytercms.gov.hosted.health/proau  
th/sign-in](https://zytercms.gov.hosted.health/proauth/sign-in)



## MAC Contact Information

MAC Jurisdiction, State(s), Website	Telephone and Fax Numbers	Mailing Address
<p><b>Noridian Healthcare Solutions LLC</b> Arizona and Washington, JF <a href="https://med.noridianmedicare.com/web/jfb">https://med.noridianmedicare.com/web/jfb</a> WISer website: <a href="https://med.noridianmedicare.com/web/jfb/cert-reviews/pre-claim/wiser-model">https://med.noridianmedicare.com/web/jfb/cert-reviews/pre-claim/wiser-model</a></p>	<p>Customer Service: 877.908.8431 Fax: 701.277.7852</p>	<p>Noridian JF Part B PO Box 6700 Fargo, ND 58108-6700</p>
<p><b>CGS Administrators, LLC (CGS)</b> Ohio, J15 <a href="https://www.cgsmedicare.com/">https://www.cgsmedicare.com/</a> WISer website: <a href="https://cgsmedicare.com/partb/pa/wiser.html">https://cgsmedicare.com/partb/pa/wiser.html</a></p>	<p>Customer Service: 866.276.9558 Fax: 615.660.5300</p>	<p>CGS Administrators, LLC J15 Part B Correspondence PO Box 20018 Nashville, TN 37202</p>
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<p><b>Novitas Solutions</b> Oklahoma and Texas, JH <a href="https://www.novitas-solutions.com/webcenter/portal/MedicareJH">https://www.novitas-solutions.com/webcenter/portal/MedicareJH</a> WISer website: <a href="https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00308590">https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00308590</a></p>	<p>Prior Auth Customer Service: 855.340.5975 Fax: 833.200.9268</p>	<p>Novitas Solutions JH Prior Authorization Requests PO BOX 3702 Mechanicsburg, PA 17055</p>