

WISeR Steps to Medicare Prior Authorizations

The Wasteful and Inappropriate Service Reduction (WISeR) Model is an initiative from the Centers for Medicare & Medicaid Services (CMS) that introduces prior authorization for a select list of outpatient services in traditional fee-for-service Medicare. This document is intended as an overview of the WISeR Model and does not include all aspects and nuances of the program.

WISeR Prior Authorization Submission Steps

1. Identify if the Service is Included in WISeR

Fourteen Services impacted by WISeR:

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

1. Electrical nerve stimulators
2. Sacral nerve stimulation for urinary incontinence
3. Phrenic nerve stimulator
4. Vagus nerve stimulation
5. Induced lesions of nerve tracts
6. Epidural steroid injections for pain management excluding facet joint injections
7. Percutaneous vertebral augmentation (PVA) for vertebral compression fracture
8. Cervical fusion
9. Arthroscopic lavage and arthroscopic debridement for the osteoarthritic knee
10. Hypoglossal nerve stimulation for obstructive sleep apnea
11. Incontinence control devices
12. Diagnosis and treatment of impotence
13. Percutaneous image-guided lumbar decompression for spinal stenosis (delayed for a few months – watch for updates)
14. Skin and tissue substitutes

- Check the service: Review the official WISeR Associated Codes List in the model's [Provider and Supplier Operational Guide](#)¹ to confirm the specific service you plan to

provide is subject to the prior authorization requirement.

- Verify patient eligibility: Confirm the beneficiary has traditional Medicare (Parts A and B; not Medicare Advantage).

2. Prepare Documentation

- Gather documentation:
 - » Medical records and other required documentation to support the medical necessity of the service. Refer to the WISeR Provider and Supplier Operational Guide for documentation requirements.
- Following existing Medicare coverage policies²
 - » National Coverage Determinations/NCDS
 - » Local Coverage Determinations/LCDs

3. Choose Your Submission Pathway and Submit

You have two main options for submitting a Prior Authorization Request (PAR):

- **Directly to Cohere Health:** They will manage the review process. (Fastest method)
 - » Cohere Portal (must register and set up an account): www.coherehealth.com/provider/resources
 - » Fax: (855) 430-6299
 - » Questions may be directed to wiser.support@coherehealth.com or by calling (855) 430-6299.
- **Through your Medicare Administrative Contractor (MAC) Novitas Solutions:** Submit the request to Novitas Solutions, who will then forward the request to Cohere Health, typically within one calendar day.

- » Novitas-Solution's portal³
- » Fax: 833-200-9268
- » Electronic Submission of Medical Documentation (esMD)
- » Mail request to:
 Novitas Solutions
 JH Prior Authorization Requests
 PO BOX 3702
 Mechanicsburg, PA 17055

- **Affirmed Decision:** If the request is affirmed, you will receive a Unique Tracking Number (UTN). This affirmation is generally valid for 120 calendar days from the decision date. Save the UTN for the claim.

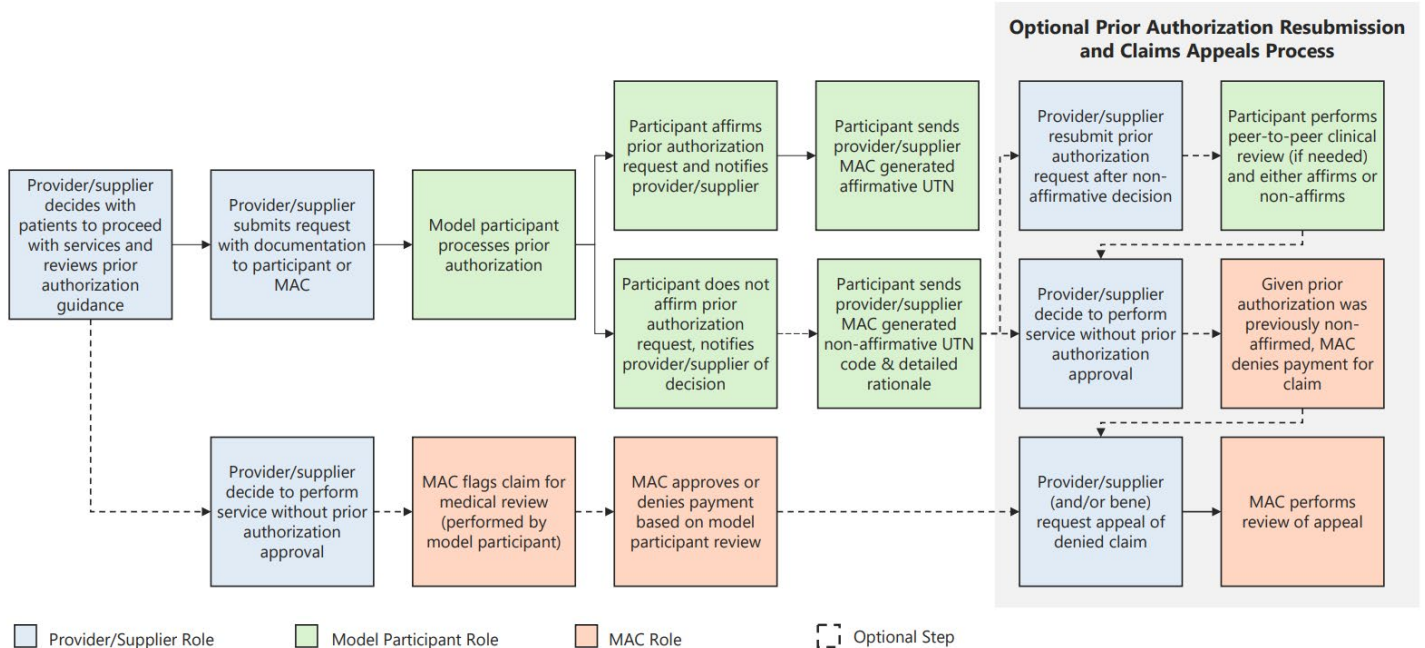
5. Submit Claims

- **Claim Submission:** When you submit the claim for the service, you must include the UTN on the claim form.
- **Non-Affirmed Decision:** If the request is non-affirmed (provisional non-coverage), you have the option for unlimited resubmissions. You may also choose to proceed with the service and submit the claim, but it will be subject to a pre-payment medical review by Cohere Health.

Note: Non-affirmation decisions on the PAR are not formally appealable, but the claim itself can be appealed after a denial.

4. Receive Determination

- **Review timeframe:**
 - » Standard Review: The WISeR participant must issue a decision within three calendar days of receiving the required documentation.
 - » Expedited Review: A decision is typically issued within two calendar days if the patient's health is at risk.



Source: Centers for Medicare & Medicaid Services

1 Wasteful and Inappropriate Service Reduction (WISeR) Model Provider and Supplier Operational Guide, Version 2.0 <https://www.cms.gov/files/document/wiser-provider-supplier-guide.pdf>

2 <https://www.cms.gov/medicare-coverage-database/reports/reports.aspx>

3 https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00298202#P19_752

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