

Welcome to the first issue of our monthly WISeR newsletter. Each month Innovaccer and CGS will share guidance to help your team submit prior authorization requests for WISeR, respond to pre-payment Additional Documentation Requests (ADRs), and avoid preventable processing delays.

3 THINGS TO CHECK THIS MONTH

- 1 Confirm the rendering provider is the individual performing the service – not the facility.
- 2 Put the UTN on the correct claim (facility claim for ASC/HOPD services).
- 3 Ensure your team can find and respond to ADR letters in the Innovaccer Portal within 45 calendar days.

01 | Confirm whether the service is in scope for WISeR

Before submitting, check [Appendix A of the CMS WISeR Provider and Supplier Operational Guide \(Version 5.0, last updated July 2026\)](#). Codes may change during the model period.

- **Appendix A** lists the "primary codes" and are subject to prior authorization and pre-payment review in WISeR selected states.
- **Appendix B** contains ICD-10 codes for a subset of WISeR services; they narrow the CPT codes for the services selected in WISeR to align with the relevant NCD or LCD. For those services, CPT codes billed without an ICD-10 code in Appendix B are out of scope and will not be included in WISeR.
- **Appendix C** contains the Associated codes related to a WISeR item or service. These codes are not designed to be treated as standalone services and will not require separate prior authorization or pre-payment review on their own.

CPT 64561 and 64590 clarifications

CODE	WHAT YOUR TEAM NEEDS TO KNOW
64561 – trial-stage sacral nerve stimulation	Requires prior authorization when billed together with 64590. When submitted alone, it will be dismissed (effective August 2026).
64590 – permanent implantation	Secondary code; not an independently reviewed primary service.
64561 + 64590	Together, these codes are in WISeR scope.
64581	Unaffected; continue normal billing.

02 | Avoid common prior authorization errors

Check these details before submission

- Identify the individual rendering provider and verify the rendering provider address. For ASC/HOPD services, do not use the facility name as the rendering provider.
- Include all applicable WISeR [Appendix A](#) codes for the planned encounter on the same prior authorization request (PAR).
- Submit a new authorization if the place of service, facility, rendering provider, or physician changes after approval.
- Confirm all supporting clinical documentation is included when creating the case. Prior authorizations cannot be voided once the request is submitted.

STANDARD PRIOR AUTHORIZATION TIMING

WISeR participants must communicate a determination within 3 calendar days after receiving a complete standard request. CMS measures this from the day the participant receives the request to the day it communicates a determination, even if the determination does not include a UTN. The 3-day window applies to the WISeR participant only. Requests sent to a MAC may take longer because they must be forwarded to the participant and the decision forwarded back.

Submitting directly through the Innovaccer WISeR Portal is the fastest route.

03 | Know when to resubmit

A non-affirmed request may be resubmitted with additional supporting information. The original documents do not carry forward – include all documentation needed for review again.

IF THIS HAPPENED...	YOUR NEXT STEP
Your request was non-affirmed	Submit a Resubmission. Use the most recent non-affirmed UTN and include complete supporting documentation.
You received a Dismissal (Administrative Rejection)	Correct the issue and submit a new Initial request.
Facility, rendering provider, beneficiary information, or CPT codes changed	Submit a new Initial request, not a Resubmission.
The portal cannot match the UTN	Check the most recent non-affirmed UTN and the exact beneficiary first name, last name and DOB. A UTN can take up to 24 hours to generate.
The DOS changed	Confirm the decision date on the letter. A provisional affirmation is valid for 120 calendar days from the decision date and the DOS may be rescheduled within that timeframe.

Common mistake: forgetting a secondary code

If you plan to render and bill multiple WISeR services, **report all applicable [Appendix A](#) codes on the same prior authorization request (PAR)** to receive one UTN for all services.

Example: skin substitutes (15271 and 15272)

If a claim has the same beneficiary and date of service but includes only 15271 (primary), the second code, 15272 (secondary), will suspend for pre-payment medical review. The claim then denies, because Innovaccer cannot issue a decision on 15272 without 15271.

04 | Authorization expiration and repeat services

- A provisional affirmation is **valid for 120 calendar days** from the determination date. If the service is not performed in that period, submit a new request.
- For repeat services, such as skin substitutes, the same UTN may be used for claims within that 120-day period.

05 | Request a peer-to-peer (P2P) review

P2P requests are initiated in the Innovaccer Provider Portal.

1. Open the portal and start a **Resubmission** using the most recent non-affirmed UTN.
2. When prompted, choose the P2P scheduling option and provide the requested details.
3. Confirm the physician's availability and accurate contact information. The clinical team will contact you to schedule.

PLAN FOR THE P2P WINDOW

The P2P must take place **within 48 to 72 hours of submission**. Before requesting the P2P, confirm the provider is available in that window and that the contact information is correct.

06 | UTNs on claims and pre-payment review

A claim for an applicable WISer service without a UTN is routed to Innovaccer for pre-payment medical review.

PLACE OF SERVICE	WHERE TO REPORT THE UTN
Hospital outpatient department (HOPD)	Facility claim only
Ambulatory surgery center (ASC)	Facility claim only
Physician office or patient home	Rendering provider's claim

AVOID A CLAIM PROCESSING ISSUE

Scenario: A PAR for a WISer service scheduled in the ASC setting receives provisional affirmation with a UTN. The rendering provider reports the UTN on the Part B professional (rendering provider) claim in error.

Result: The ASC claim cannot be processed because there is already a processed claim (same patient, DOS, service, UTN) on file.

07 | Responding to Additional Documentation Requests (ADR)

How the pre-payment review process works:

1. CGS suspends the claim and forwards it for review.
2. Innovaccer mails an ADR letter with a unique barcode to the facility address on file in PECOS. Pending ADR letters are also available to view on the Innovaccer WISer Portal.
3. Provider submits the requested records within 45 calendar days of the ADR letter date. If nothing is received, the claim is denied with no response.
4. Innovaccer reviews medical necessity and sends the determination to CGS. **CGS processes the claim** based on that determination. **Innovaccer does not send the review outcome to providers.**
5. Innovaccer has no visibility into Medicare payment after sending the determination to CGS.

Choose one of these ADR submission methods

METHOD	INSTRUCTIONS
Innovaccer Portal (recommended)	wiser.innovaccer.us Upload documents electronically; no cover sheet required.
myCGS Portal	cgsmedicare.com
Fax	419-965-6730 Use the barcoded ADR letter as the cover sheet.

Important: Mailed medical records are no longer processed. Providers can retrieve pending ADR letters from the Innovaccer portal; Innovaccer cannot download and fax letters to providers. Providers are responsible for any associated medical record costs.

08 | Use new portal capabilities

Group permissions

Users can view cases created in the Innovaccer Portal across their team for prior authorization and pre-payment review. This is especially helpful when several staff members or facilities share work.

Send an email to ohcmswiser-inquiry@innovaccer.com with the facility name, NPI and team members if you need group permissions setup.

Electronic ADR response and tracking

Use the portal to access ADR letters and upload medical records. Before starting, confirm your account has “ADR” permissions and the correct Facility NPI(s).

If a claim shows as pending, Innovaccer has not yet received your documentation.

PORTAL ACCESS

Visit **wiser.innovaccer.us** to request access or sign in. Ensure the appropriate staff have the permissions and facility access needed to work prior authorization cases, pre-payment claims, or both.

Questions? We're here to help

CONTACT	DETAILS
Innovaccer Provider Portal	wiser.innovaccer.us
Email	ohcmswiser-inquiry@innovaccer.com
Phone	202-796-1619
Fax (ADR)	419-965-6730
FAQs	Innovaccer CMS Wiser Model website