WISeR Provider Update

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01 | NEW: Units are now included for all WISeR submissions

Beginning in November, providers will begin seeing a **Requested Unit field** when requesting an initial WISeR prior authorization. This enhancement will be available across all submission types: the **Innovaccer WISeR Provider Portal**, **myCGS Portal**, and the **PDF Prior Authorization Request (PAR) form.** The new field allows providers to specify the number of units requested for each selected CPT code before submitting for clinical review.

WHAT IS CHANGING AND WHY? Previously, providers were unable to specify the number of units requested when submitting a prior authorization request. With this enhancement, providers can now enter the requested units for each CPT code, helping ensure the quantity of services requested is clearly captured and visible throughout the review process.

How It Works

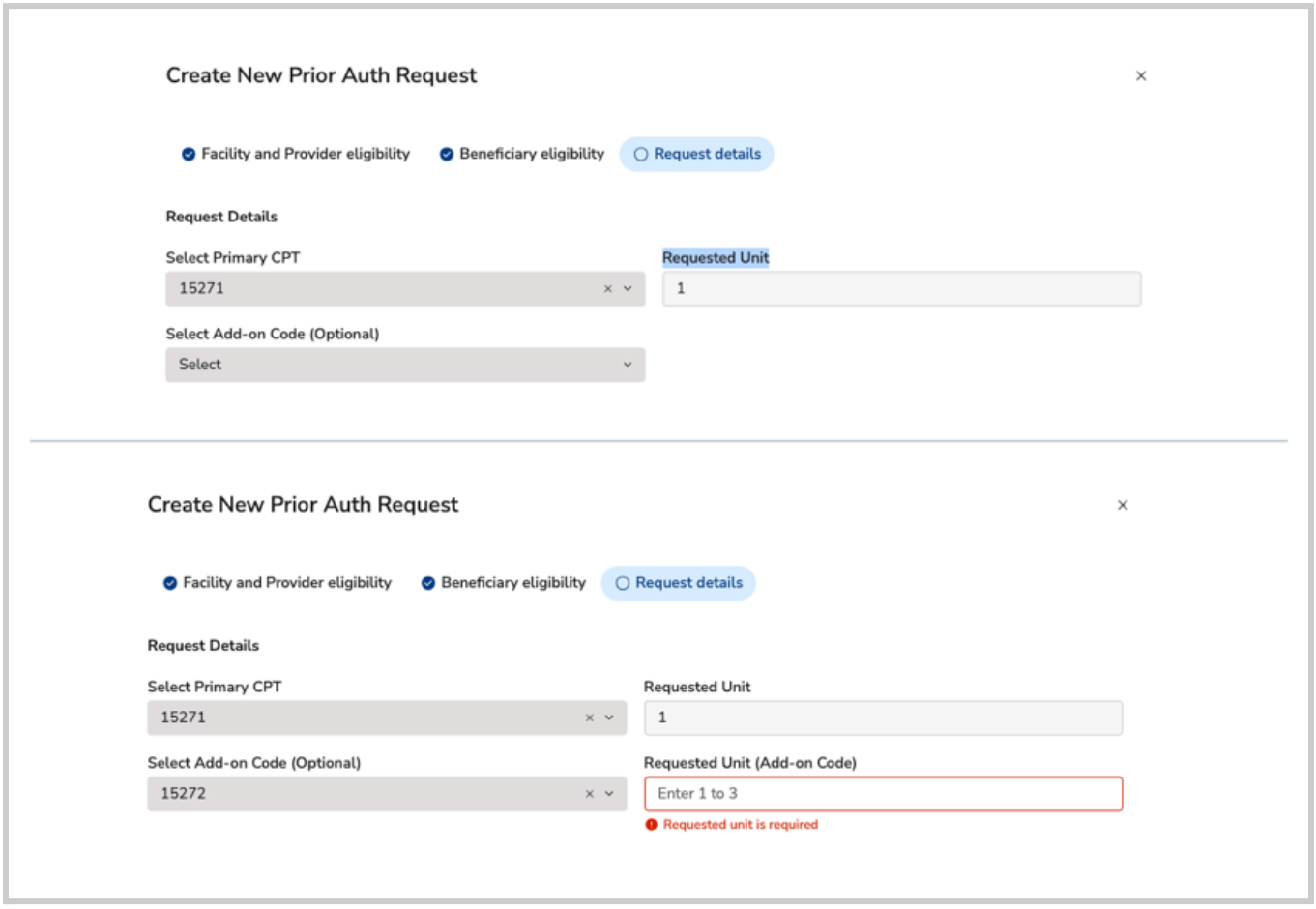
PORTAL FEATURE	WHAT YOU NEED TO KNOW
Primary CPT Code	A required **Requested Unit field** appears when selecting the primary CPT code.
Add-on Codes	When an add-on code is selected, a separate Requested Unit field appears for that code.
Unit Limits	Enter a whole number within CMS-allowed limits. The portal displays validation messages if the requested quantity is missing or outside the allowed range.
Case Summary	After submission, view the requested units associated with each CPT code.
Worklist	Hover over the CPT code or the +1 indicator in the Service/CPT column to view the requested units for each code.

PROVIDER TIPS

- Requests submitted before the enhancement will show a dash (–) where requested units would otherwise appear.
- Enter a whole number within the permitted range for each code.
- Correct a missing, or out-of-range quantity, before submitting the request.
- Confirm the units for each CPT code match the planned services and are supported by the clinical documentation before submitting.

Below are examples of what you will begin to see in the **Innovaccer WISeR Portal** when requesting an initial prior authorization.

PORTAL EXAMPLE 1 | Request Details: primary CPT and add-on code Requested Unit fields



PORTAL EXAMPLE 2 | Case Summary: requested units next to each CPT



02 | WISeR exemption program: “Gold Carding”

Providers and suppliers that demonstrate a strong track record of compliance with Medicare coverage, coding, and payment requirements may qualify for “Gold Carding” as part of WISeR. “Gold-carded” providers are not required to submit prior authorization requests for WISeR Select Items and Services for a specified period.

What is the eligibility criteria for gold card status?

REQUIREMENT	ELIGIBILITY CRITERIA
Minimum Request Volume	At least 10 prior authorization requests for WISeR Select Items and Services during the assessment period.
Affirmation Rate	At least 90% of submitted requests must receive provisional affirmation.
Program Standing	The provider must not appear on an applicable Medicare exclusion list.
Eligibility Review	Assessed at the individual provider NPI level and subject to program evaluation and periodic reassessment.

How will providers be notified they are gold-carded?

Innovaccer will begin sending notifications to eligible gold-carded providers beginning December 2026 with exemption status beginning January 2027. Eligible exempt providers will also be listed on the Innovaccer website and included in upcoming newsletters for reference. Innovaccer WISeR Portal submissions will include a pop-up message alerting you if the rendering provider is gold-carded.

03 | Understanding UTN timing, case status, and accuracy

A **Unique Tracking Number (UTN)** in Medicare is an alphanumeric tracking code issued by the Medicare Administrative Contractor (MAC) and is tied to a prior authorization: both affirm and non-affirm determinations.

WISeR participants must issue determinations within three (3) calendar days of receiving a complete standard prior authorization request. (Note: the three (3) day turnaround time applies to the WISeR participant). For prior authorization requests sent to CGS rather than to Innovaccer, additional time may be needed for the MAC to process and forward the information to Innovaccer, and then to forward the decision back to the provider or supplier.

Submitting prior authorization requests directly through the Innovaccer WISeR Portal is the quickest approach.

CMS measures turnaround time as the number of days between the day that the WISeR participant receives the prior authorization request and the day that the WISeR participant communicates a determination, even if the determination does not include a UTN.

IF YOU SEE…	WHAT TO DO
Determination is available; UTN is not yet shown	Continue monitoring the case in the Innovaccer WISeR Portal.
A non-affirmed determination	Review the decision rationale and next steps. A **resubmission** requires the **most recent non-affirmed UTN** and complete supporting documentation. Resubmission cases must “link together”.

AVOID A SUBMISSION ERROR: UTNs ARE CASE-SENSITIVE

Always enter the UTN exactly as it appears in the determination letter. The UTN is case sensitive, and the system will not recognize lower case UTN entries.

CORRECT	**15A00000000000**
INCORRECT	**15a00000000000**

04 | How to request a peer-to-peer (P2P) review

Following a **non-affirmed** prior authorization determination, providers may request a peer-to-peer review through the **Innovaccer WISeR Provider Portal**. P2P requests are not scheduled through Provider Services email or phone.

1. Sign in to the Innovaccer WISeR Provider Portal and open a **Resubmission**.
2. Enter the **most recent non-affirmed UTN** exactly as shown in the determination letter.
3. When prompted, select the **peer-to-peer scheduling option** and provide the requested information.
4. Confirm the physician's contact details and availability. The clinical team will follow up to coordinate scheduling.

IMPORTANT: Peer-to-peer reviews must occur within 48–72 hours of the request. Ensure the physician is available during that period before submitting.

05 | Confirm whether the service is in scope for WISeR

Before submitting, check Appendix A of the CMS WISeR Provider and Supplier Operational Guide. Codes may change during the model period.

CORRECTION TO OCTOBER ISSUE: *Our October newsletter referenced Version 5 of the CMS WISeR Provider and Supplier Operational Guide. The July 2026 guide is Version 7. Please refer to the current version published by CMS when checking code scope.*

06 | Scheduling changes: when is a new request needed?

SCENARIO	GENERAL GUIDANCE
The DOS [changed / needs to be rescheduled] or [an earlier appointment became available].	A provisionally affirmed request is valid for **120-calendar-days** from the determination date. If the service stays within that period and other authorization details are unchanged a new request is not needed.
The facility, place of service, CPT code(s), or rendering provider changed.	A **new Initial request** is needed if the facility, place of service, CPT codes, or rendering provider changes.

07 | Portal tip: find your information faster

The Innovaccer WISeR Provider Portal lets authorized staff view prior authorization status, review determinations, and access and respond to pre-payment ADRs.

- Check that your profile has the correct facility NPI(s) and access permissions.
- Use the case number or MBI to locate the request and review the latest available status.
- For ADRs, confirm that "ADR" access is enabled before attempting to retrieve letters or upload medical records.

08 | Pre-payment ADR reminder: use accepted channels

If your organization receives an Additional Documentation Request (ADR) for a prepayment claim review, you can submit the requested records through the Innovaccer Portal, the myCGS Portal, or via fax.

> **BEST PRACTICE**
> Upload records electronically through the Innovaccer Portal whenever possible and verify that the files appear in the case before leaving the page.

NOTE: Mailed medical records are not a valid submission method for WISeR and will not be processed. Any costs associated with responding to an ADR are the responsibility of the provider or facility submitting the records.

Questions? We're here to help

RESOURCE	DETAILS
Innovaccer WISeR Provider Portal	https://wiser.innovaccer.us
Provider Services email	ohcmswiser-inquiry@innovaccer.com
Provider Services phone	202-796-1619
Additional guidance	https://innovaccer.com/resources/cms-wiser/oh