September 2026

NORIDIAN WISeR Connection

Wasteful and Inappropriate Service Reduction (WISeR) Model
Arizona and Washington

Does Procedure Fall Under WISeR Model?

Procedure and diagnosis code combinations that are included in Appendices A and B of the CMS WISeR Model Operational Guide are subject to the WISeR review process. The Unique Tracking Number (UTN) must be included when submitting these services.

Missing a UTN? When a claim is received without a UTN, the WISeR participant will request documentation for review.

Model codes are also avaialble through the Prior Authorization Lookup Tool on Noridian's website.

Website Updates

Gold Card Exemption Information

Unique Tracking Number (UTN) Guidance

Part A vs Part B

Part A vs. Part B Authorization Guidance

Tip: Submit requests based on the service location

To help ensure prior authorization requests are submitted correctly, website guidance has been updated to clarify whether Part A or Part B requirements apply and to assist with appropriate submission of prior authorization requests. The deciding factor is where the procedure will be performed.

- Procedures performed in a hospital outpatient facility require a Part A request and UTN.
- Procedures performed in an office, ASC, or the patient's home require a Part B request and UTN.

Appealing Claim Denials

When a claim associated with a WISeR procedure is denied, the appropriate next step is the standard Medicare appeals process. Because these denials require an appeal, requests submitted through the self-service reopening process will not be accepted.

In cases where the WISeR Model Participant (WMP) returns a non-affirmed decision, providers have multiple opportunities to submit additional supporting documentation directly to the Participant for reconsideration. Appeals are only allowed on denied claims.

Provider Resources

Jurisdiction F website
Part A WISeR
Part B WISeR
CMS WISeR Provider and Supplier Operational Guide
CMS WISeR Model

WISeR Knowledge Hub

Where Additional Documentation Requests (ADR) mailed?

If the provider has added a Medical Records Correspondence Address in PECOS, the ADR will be sent to that address. Otherwise, the ADR will be sent to the Master Address on file for Part A or the Pay-to Address for Part B.