HCMS
Harris County Medical Society

WISeR (Wasteful and Inappropriate Service Reduction) Model

The Centers for Medicare & Medicaid Services (CMS) launched the voluntary Wasteful and Inappropriate Service Reduction (WISeR) Model in June 2025. This pilot payment and oversight program aims to reduce low-value or unnecessary medical services for patients enrolled in Original Medicare. The WISeR Model does not apply to Medicare Advantage members.

The model combines artificial intelligence/machine learning technology with human clinical review to help identify and reduce unnecessary Medicare spending. It will operate for six performance years, from January 1, 2026, through December 31, 2031, in the following states: New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington.

CMS has partnered with organizations known as "Participants" that have expertise in managing prior authorization using advanced technologies such as AI. These Participants will process prior authorization requests and conduct medical reviews. In return, they will receive a share of the savings generated by preventing wasteful or inappropriate care.

Cohere Health has been selected as the WISeR Participant for Texas. Physicians who are new to Cohere Health can register online and log in to submit prior authorization requests. Physicians can also check the status of existing requests via a dedicated website page and visit a resource page for additional information. On or after Jan. 1, Cohere Health may be contacted with questions or concerns at 1-855-430-6299 or at wiser.support@coherehealth.com.

Beginning January 5, 2026, physicians must submit prior authorization requests for certain select items and services scheduled to be provided on or after January 15, 2026. Check the Novitas Prior Authorization Code Look-up Tool (to be updated by Jan. 5) to confirm codes subject to prior authorization. Requests should be submitted directly to Cohere Health or to Novitas, which will forward the request to Cohere Health (note that submitting through Novitas may result in processing delays). Claims for services that require prior authorization will be denied if authorization is not obtained. Codes identified as associated codes to those codes requiring prior authorization will be denied as well. Denied claims may be appealed through Novitas's standard appeals process.

If a prior authorization request is "non-affirmed" (denied), physicians may resubmit the request as many times as necessary with additional or updated documentation. A non-affirmed decision does not prohibit the service from being performed or a claim from being submitted, however, the claim will be denied unless prior authorization is ultimately approved.

At a future date, physicians who consistently demonstrate compliance with WISeR requirements may qualify for an exemption from prior authorization requirements, commonly referred to as "gold carding."
More information can be found on the Wasteful and Inappropriate Service Reduction (WISeR) Model Provider and Supplier Operational Guide, Version 2.0.