

CMS Institutes “WISeR” Model to Curb Healthcare Waste, Fraud, and Abuse

Healthcare Law Update

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The Centers for Medicare & Medicaid Services [announced](#) the launch of its Wasteful and Inappropriate Service Reduction (WISeR) Model, aimed at reducing unnecessary Medicare services. Through the use of enhanced technologies such as artificial intelligence and machine learning, in combination with human clinical oversight, the Model seeks to implement and expedite Medicare’s prior authorization process. The Model will focus on services that have historically had a higher risk of waste, fraud, and abuse, such as skin and tissue substitutes, electrical nerve stimulator implants, and knee arthroscopy for osteoarthritis. WISeR excludes services that would pose a substantial risk to patients if substantially delayed, such as inpatient-only services and emergency services and will not apply to people with Medicare Advantage.

Technology vendors will receive a percentage of the savings associated with wasteful care that is prevented. Providers and suppliers for individuals with Original Medicare may submit a prior authorization request for the Model’s selected items and services or go through a post-service/pre-payment medical review. WISeR will be in effect for six years from January 1, 2026 through December 31, 2031 in New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington.

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