PEREGRINE Healthcare

WISeR Model Quick Reference: Specialty Impact Guide

Specialty	Service(s) Requiring Prior Authorization	Risk if Not Authorized
Pain Management	Epidural steroid injections (excluding facet joint); Induced lesions of nerve tracts; Electrical nerve stimulators; Percutaneous lumbar decompression; Vertebral augmentation (PVA)	Denials for high-volume procedures; major revenue loss; delayed care
Orthopedics & Spine	Cervical fusion; Vertebral augmentation (PVA); Arthroscopic knee debridement/lavage; Percutaneous lumbar decompression	High denial exposure for outpatient surgeries; costly write-offs if not pre-approved
Cardiology / Sleep Medicine	Hypoglossal nerve stimulation for obstructive sleep apnea	Device + surgery claims denied without UTN
Neurology	Deep brain stimulation; Vagus nerve stimulation; Phrenic nerve stimulators	Device-based procedure denials; significant compliance scrutiny
Urology	Sacral nerve stimulation for urinary incontinence; Incontinence control devices; Diagnosis & treatment of impotence	No payment for devices/procedures; patient delays and care gaps
Gastroenterology	Advanced endoscopic and colonoscopy procedures tied to LCDs	Denied claims; disruptions to routine outpatient care
Ophthalmology	Cataract/vision-related implants (where LCDs apply)	Revenue risk for high-volume elective cases
Vascular Surgery	Endovascular stents and interventions; wound-related procedures with LCDs	Lost reimbursement for costly device-based care
Dermatology / Wound Care	Skin & tissue substitutes; Bioengineered skin substitutes; CTPs for chronic wounds	Denials for biologics/advanced wound care; significant patient impact
Radiology / Imaging	MRI, CT, PET scans tied to covered services	Imaging claim denials; added compliance burden

See CMS's full NCD/LCD list in the official WISeR notice.