U.S. Senator
Maria Cantwell
Washington

SNAPSHOT REPORT:

New Medicare Scheme Uses AI and New Prior Authorization Requirement to Deny Care and Impose New Costs on Washington's Seniors

On January 1, 2026, the Centers for Medicare and Medicaid Services (CMS) launched a pilot program called the WISeR (Wasteful and Inappropriate Service Reduction) Model that uses AI-based prior authorization requirements to overturn traditional Medicare coverage decisions in six unlucky states. Washington is one of six states CMS chose to pilot the program.

This snapshot report includes exclusive new data from the Washington State Hospital Association showing the impacts of WISeR on patients and providers at 16 hospitals across the state.

Key findings:

- **LONGER WAIT TIMES:** Washington patients are waiting 2 to 4 times longer to complete procedures covered by the WISeR Model due to authorization delays.

- **AI DENYING CLAIMS:** Under the WISeR Model, patients' access to health care is decided by a third-party company, which uses artificial intelligence (AI) and clinicians to approve – or overrule – their doctors' recommendations.

- **PROFITS OVER CARE:** The WISeR Model pays third-party administrators a financial bonus for each claim they deny, under the assumption that these denials account for the prevention of wasteful spending. This model incentivizes WISeR contractors to weaponize AI-driven medical determinations not for the sake of efficiency, as it could be used, but for the opportunity to maximize profitability.

> **"Clinicians are sacrificing time with patients to try to stop AI from blocking medically recommended treatments,"** said Susan Stacey, RN, Chief Executive of Providence Inland Northwest in Spokane. **"Across our system, we are hearing from a growing number of physicians shocked to learn that the same care they have delivered for years has suddenly been denied by the WISeR program, with no explanation."**

In 2024, more than 18,600 Washingtonians utilized services through traditional Medicare that are now subject to the WISeR Model's restrictive prior authorization.

The WISeR Model is a pilot program covering 13 medical services which was developed by CMS in six states: Arizona, New Jersey, Oklahoma, Ohio, Texas, and Washington. Secretary Robert F. Kennedy Jr. oversees CMS within the Department of Health and Human Services.

Procedures that now require prior authorization under WISeR include epidural steroid injections for pain management, skin and tissue substitutes, less invasive treatments for spinal stenosis and osteoarthritic knees, nerve stimulation for issues like sleep apnea and incontinence, and others.

Delayed Health Care and Added Costs for WA Seniors

Today, a new survey from the Washington State Hospital Association demonstrates how the WISeR Model is delaying care and adding new costs. Under the WISeR Model, wait times for approval by AI of needed care **"frequently exceed CMS standards."** CMS standards require the WISeR Model to provide responses to providers within three days for routine care, and one day for urgent care.

In practice, responses to providers within the University of Washington (UW) Medical System take an average of 15-20 days, causing direct delays to patient care. For instance, the **UW Medical System has almost 100 patients currently waiting** for epidural steroid pain injections due to delays associated with the WISeR Model.

Authorization Type	Pre-WISeR Approval Time	WISeR Approval Time
Urgent Authorization	1 day	15-20 days
Standard Authorization	3 days	15-20 days

Source: University of Washington Medical System, April 20, 2026

Now, patients are subject to delays or denials which did not exist prior to the WISeR Model. Delayed authorization is causing some Washington patients to wait 2-4 times longer for procedures.

Procedures previously approved within approximately 2 weeks – prior to WISeR – now take 4-8 weeks to receive approval, according to survey data from the Washington State Hospital Association. Patients are often rescheduled multiple times while awaiting authorization, causing prolonged pain and worsening underlying conditions.

As a result, **"care is increasingly being sequenced based on authorization timing rather than clinical need,"** according to findings from the Washington State Hospital Association survey.

Michael Edgerly – a 78-year-old resident of Cle Elum – visited his neurosurgeon in February 2026, hoping for treatment of his severe back pain. Edgerly suffers from scoliosis and degenerative joint disease after working as a mailman for 22 years.

Edgerly's provider recommended an epidural steroid injection, a non-opioid pain management treatment previously covered – without significant delays – for Edgerly by traditional Medicare. However, on March 4, Edgerly's claim was denied under the WISeR Model.

Edgerly's severe back pain prevented him from leaving the house or driving, and he cancelled an anniversary cruise with his wife, Carel. Looking for any pain relief, Edgerly tried to pay out-of-pocket but was refused while his provider appealed the WISeR denial.

On March 30, Edgerly's claim was finally approved, over seven weeks after the initial application. Since receiving his epidural injection, Edgerly can walk once again. Speaking about her husband's ordeal, Carel Edgerly said, **"There has to be a human touch in any authorization."**

Medical Service Type	Pre-WISeR Procedure Completion Time	WISeR Procedure Completion Time
Procedure	2 weeks	4-8 weeks

Source: Washington State Hospital Association, April 17, 2026

The consequences of delayed care are serious. Non-opioid pain treatments covered by the WISeR Model provide a crucial, non-addictive option to patients.

"I am concerned that some of our patients, as they are wading through the morass of WISeR, may turn to pain control alternatives that are harmful and addictive long-term," said Dr. Andrew Jones, CEO of Confluence Health in Wenatchee. **"The WISeR program is making pain management harder, which could lead to unintended and dangerous consequences."**

An Administrative Labyrinth for WA Hospitals and Doctors

The WISeR Model is also imposing costly new billing practices, leading to higher costs for providers and unnecessary denials of care for patients. And WISeR's restrictive new billing practices are turning a conversation between a patient and their doctor into a bureaucratic maze for doctors and patients alike.

In a survey from the Washington State Hospital Association, hospitals across Washington report that, under the WISeR Model, denials of care are often inconsistent with clinical criteria and lack clear rationales. The WISeR Model uses AI to process claims and determine approvals for medical procedures.

As a result, Washington providers are spending more time appealing claims, while patients are waiting longer for necessary procedures.

Washington state's WISeR Model pilot program is administered by Virtix Health, a private company contracted by CMS. Virtix only allows the individual employee who submitted the authorization request to access updates and documents, creating significant delays for providers. When staff members are out of the office, other team members have no way to access patient authorization claims through Virtix's portal.

Survey data from the Washington State Hospital Association finds that Washington hospitals have added staff and increased hours dedicated to prior authorization processes. Additional administrative burdens imposed by the WISeR Model are creating new costs in Washington's health care system, driving up the cost of care.

"Clinicians are sacrificing time with patients to try to stop AI from blocking medically recommended treatments," said Susan Stacey, RN, Chief Executive of Providence Inland Northwest in Spokane. **"Across our system, we are hearing from a growing number of physicians shocked to learn that the same care they have delivered for years has suddenly been denied by the WISeR program, with no explanation. The process for understanding what will be denied and how to successfully reverse those denials is opaque. Put simply, patients are not getting the care they need when they need it."**

WISeR Model's Threat to Traditional Medicare

Since 1965, traditional Medicare has allowed patients to receive covered treatments as prescribed by their doctor. That changed this year and now Washingtonians enrolled in traditional Medicare must request authorization from a third-party company before receiving certain services.

The WISeR Model creates new middlemen in our health care system who benefit financially by overruling doctors and denying care to Washington seniors. Vitrix Health and other WISeR Model administrators are paid a portion of the dollar value of denied requests, after all resubmissions have been adjudicated.

More than 780,000 Washingtonians rely on traditional Medicare for health insurance. Unlike Medicare Advantage, which is managed by private insurers, traditional Medicare is managed directly by the federal government.

More than a third of all Americans – and nearly 40 percent of Americans with a chronic condition – say prior authorizations are their biggest barrier to receiving health care, after cost.

> **"We are seeing instances where automated decision making may interfere with timely access to medically appropriate services that Medicare patients have long relied on,"** said Tammy Buyok, President of Yakima Memorial Hospital and MultiCare Yakima Region Market Leader. **"We have growing concerns about WISeR's approach and its impact on patient care… Our patients are our top priority, and we are concerned that adding for-profit technology company layers between clinicians and care decisions can unintentionally create barriers for the people the system is meant to serve."**

Addendum – Services Covered by the WISeR Model

The following medical services require prior authorization under the WISeR Model for traditional Medicare enrollees in Washington state as of January 1, 2026:

1. Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (NCD 150.9)

   Osteoarthritis is a common condition that causes knee pain and stiffness over time. These are minimally invasive "clean-out" procedures done through small incisions to remove damaged tissue and fluid from the knee. The goal is to reduce pain and help improve movement and daily function.

2. Induced Lesions of Nerve Tracts (NCD 160.1)

   This is a procedure used for severe, long-lasting pain that has not responded to other treatments. It works by intentionally interrupting certain nerves so pain signals cannot travel as strongly to the brain. It is typically considered for very serious conditions such as advanced cancer pain or severe arthritis.

3. Vagus Nerve Stimulation (NCD 160.18)

   This treatment uses a small, implanted device that sends mild electrical signals to a nerve in the neck called the vagus nerve. It is used for conditions like hard-to-control epilepsy, severe depression, and some stroke recovery cases when other treatments have not worked.

4. Phrenic Nerve Stimulators (NCD 160.19)

   This is an implanted device that helps the diaphragm (the main breathing muscle) work better using electrical signals. It is used for people who have serious breathing problems, such as those with spinal cord injuries or certain sleep-related breathing disorders.

5. Electrical Nerve Stimulators (NCD 160.7)

   These devices use small electrical pulses, either through the skin or implanted, to help reduce pain or improve muscle function. Some are used for pain relief, while others help strengthen or retrain muscles during recovery.

6. Incontinence Control Devices (NCD 230.10)

   These are different tools and devices used to help manage bladder or bowel leakage. Options may include small internal devices, muscle stimulators, or surgical supports. They are used to help improve bladder control and quality of life.

7. Sacral Nerve Stimulators for Urinary Incontinence (NCD 230.18)

   This is a small, implanted device that sends gentle electrical signals to nerves that control the bladder. It is used when other treatments have not worked and helps improve bladder control, urgency, and leakage problems. The device can be adjusted or removed if needed.

8. Diagnosis and Treatment of Impotence (NCD 230.4)

   This includes testing and treatment for erectile dysfunction. The goal is to identify the cause – such as blood flow, nerve, or hormone problems – and provide treatments that help restore sexual function and improve quality of life.

9. Percutaneous Vertebral Augmentation for Vertebral Compression Fracture (L34228, L38201, L35130)

   This is a minimally invasive procedure used to treat collapsed spinal bones. A special bone cement is injected into the fractured bone to stabilize it, reduce pain, and help patients move more comfortably and quickly.

10. Epidural Steroid Injections for Pain Management (L39015, L39240, L36920)

    This treatment involves injecting anti-inflammatory medication near the nerves in the spine. It helps reduce swelling and pain caused by conditions like herniated discs or spinal stenosis when other treatments have not provided enough relief.

11. Cervical Fusion (L39741, L39758, L39793)

    This is a surgery that permanently connects two or more bones in the neck. It helps stabilize the spine, reduce pain, and relieve pressure on nerves. It is commonly used after injury or for severe wear-and-tear changes in the spine.

12. Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea (L38307, L38310, L38385)

    This is an implanted device used for people with moderate to severe sleep apnea who cannot tolerate CPAP machines. It gently stimulates a nerve in the tongue to help keep the airway open during sleep and reduce breathing pauses.

13. Application of Bioengineered Skin Substitutes / Cellular and Tissue-Based Products (L35041, L36690)

    These are advanced treatments used for long-lasting wounds that are not healing well, usually on the lower legs or feet. They use lab-grown or specially processed skin materials to help the wound heal, reduce infection risk, and prevent serious complications.

Source: Centers for Medicare and Medicaid Services, March 12, 2026.