Humata Health

WISeR FAQ

Question	Answer
Who is Humata Health?	Physician-founded company simplifying and accelerating prior authorization so patients get the right care faster https://www.humatahealth.com/
What is Humata's mission?	Ensure every patient receives the right care as quickly as possible through highly automated, transparent PA workflows in the state of Oklahoma.
What is WISeR? (Wasteful and Inappropriate Service Reduction)	CMS WISeR model requiring prior auth for select items and services . Here is the WISeR Provider and Supplier Operational Guide - See Appendix A for all in-scope CPT codes and Appendix B for in-scope diagnosis codes. Appendix C includes Associated Codes that do not require prior authorization. Associated codes are paid or denied based on the determination of the corresponding Appendix A primary code.
Who is included?	Applies to Medicare FFS beneficiaries who are eligible for Part A and Part B, are 18+ years old, not enrolled in Medicare Advantage, and not covered by United Mine Worker Health & Retirement Funds.
What Places of Service (POS) are included?	Applies to: Part B claims with POS 11 (office), 12 (home), 24 (ASC); Part A outpatient claims with TOB 13X (Hospital Outpt.) Excludes: Inpatient-only services, Emergency services, Urgent/emergent.
Are POS 19 and POS 22 included?	No, POS 19 and POS 22 are not included as they are associated with claims processing, not with PA.
How do I submit WISeR PAs to Humata?	Submit by portal (fastest and preferred), fax, or mail.
When can I submit via portal?	Portal PA submissions will be available January 5, 2026 for services rendered on or after January 15, 2026. Services performed prior to January 15, 2026 are exempt from WISeR.
What are the turnaround times for PA requests?	Standard PA determinations are issued within 3 calendar days of receipt. Expedited requests (when delay could jeopardize life, health, or recovery of function) are issued within 2 calendar days if the risk is confirmed.
What is the portal URL?	https://psi.humatahealth.com
Do I need an account before submitting to the portal and how do I create one?	Yes, account creation is required before portal PA submission. To create an account: Click Get Started, enter email, and sign in using a passwordless magic link.
Can I share portal access with others and is there administrative portal access?	Logins are linked to individual email addresses and may not be shared. Administrative portal access is now available. Please reach out to wiser.support@humatahealth.com to request admin access for your organization.
What info is needed for portal registration?	Provider demographics including: NPI, PTAN, TIN or EIN Facility demographics including NPI, CCN, EIN
What can I do in the portal?	Submit new PA, monitor status, manage providers, view dashboard, obtain determination letters, resubmit.
What does the Manage Providers tab do?	Adding providers under *Manage Providers* enables autopopulation of demographics for future PA requests and avoids manual entry.
What is the fax number and mailing address for submissions?	Fax number: 617-843-6857 Mailing address: Humata Health - PO BOX 890092 Camp Hill, PA 17089-0092 (coversheet sill required)
Do fax/mail submissions require a coversheet?	Yes, a fillable PA is required for fax/mail submissions.. Coversheets available for download starting Jan 1, 2026 at https://www.humatahealth.com/
What if multiple codes map to different NCD/LCD criteria?	Submit a separate PA per criteria set/policy; only one UTN per NCD/LCD decision.
When should I resubmit vs submit new?	Resubmit for errors/omissions; clinical change, incorrect code/facility/place of service/provider = new PA.
How long is resubmission allowed and what must be included?	Within 120 days of original PA and must include all original clinicals plus anything additional; comments optional.
What is an Additional Documentation Request (ADR)? How do I respond to an ADR?	Humata will send the letter/request for additional medical records to support clinical review. Portal: enter claims ID + Medicare Beneficiary ID, upload clinicals, review & submit, track on dashboard. Providers have 45 days to submit all clinical documentation and no response results in an auto-denial.
Can I submit a PA or post-service prepayment claim to the MAC?	Yes, please visit the MAC's website for more information. For the fastest turnaround time, submitting through the MAC portal is highly recommended.
Who do I contact for portal or technical questions?	Email wiser.support@humatahealth.com

Disclaimer: FAQ content is subject to change. We make every effort to update content as promptly as changes occur.