Colorado Gold Card exemptions
Frequently asked questions

Overview

Beginning Jan. 1, 2026, UnitedHealthcare will be launching the process for gold carding in Colorado in compliance with Colorado code §10-16-124.5.

This law applies to Colorado health care professionals subject to our prior authorization requirements and that serve fully insured UnitedHealthcare commercial plan members in the individual, small and large group markets.

What this means

For exemptions, we analyze approval rates for providers that submitted at least 10 prior authorization requests for a service per year where **decisions were final between Jan. 1, 2024, and Dec. 31, 2024**. If you have a 90% final approval rate for those requests, you're exempt from requesting prior authorizations for that service. You can receive exemptions for multiple services.

If your approval rate for a service is below 90% in 12 consecutive months, you must keep submitting prior authorization requests for that service.

Please continue to submit advance notification for kidney, transplant, bariatric and ventricular device services to Optum at **888-936-7246**.

Frequently asked questions

How do I qualify for one of these exemptions?

If you submitted at least 10 prior authorization requests for a service in 12 months on the prior authorization list where the **decision was finalized between Jan. 1, 2024, and Dec. 31, 2024**, and had a 90% approval rate in 12 consecutive months, you are exempt from that service. You must meet this criterion for each exempted service.

When and how will I know if I qualify for an exemption?

For qualification, we will send you a notice in December 2025. To check which services are exempt from prior authorization, log in to the **UnitedHealthcare Provider Portal** and UnitedHealthcare Insights within the portal.

If you have questions, visit our **UnitedHealthcare National Gold Card program** resources.

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Can I request a review of the non-exempt status? If so, how?

You have until Jan. 31, 2026, to request a review of the non-exempt status. Start the process through the Chat function in the **UnitedHealthcare Provider Portal**. You will be given a reference number to track progress. Review times may vary based on complexity of the request.

What do I need to do when I qualify for an exemption?

Do not submit prior authorization requests for exempted services, however we do encourage health care professionals to submit advanced notifications for Gold Carded services.

What are UnitedHealthcare's responsibilities when I qualify?

We pay claims for exempted services without prior authorization.

Does this apply to all services and plans?

No. Only prior authorization for Gold Card services for fully insured plans are exempt.

How do I submit claims when I have an exemption?

Submit claims normally, but do not include a prior authorization number on the claims for the exempted services. If an advanced notification has been submitted, the advanced notification number should be included in the claim submission.

How do I submit claims if an exempted provider requests my services, but I do not have an exemption?

If a health care provider with an exemption requests your services and you do not have an exemption for that service, the requesting provider must include their name and TIN in the claim:

• In fields 17 and 17B of CMS Form 1500
• In fields 76–79 or another appropriate field in Form UB-04
• In the corresponding fields for electronic claims using the ASC X12N 837 format

If this information is not included, we require a prior authorization.

How do I tell if my patient is fully insured?

You have 2 ways to determine if a member is fully insured:

1 The member ID card has the letters "DOI" in the lower left corner if the member is in a fully insured plan
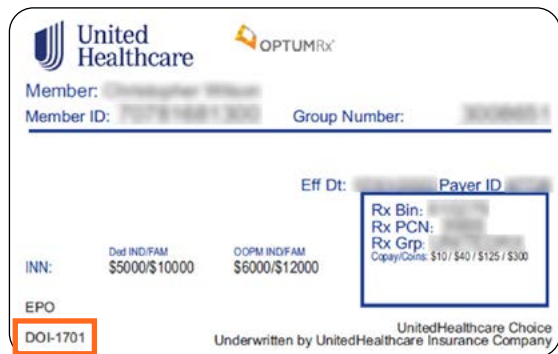
Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

2 Search for your patient in our **Eligibility and Benefits** section and view Funding type, "Fully insured" displays, letting you know your patient's eligibility.

If I am exempt, can I still submit an authorization request anyway?

No. You do not need to request prior authorization for the service submitted pursuant to your Colorado law. Submitting a prior authorization request for an exempted service triggers a rejection message that reminds you about the exemption. You may voluntarily submit an Advanced Notification in lieu of prior authorization.

If I am exempt, do I need preauthorization for services for which I am not Gold Carded?

Yes. Services without a Gold Card exemption require prior authorization.

How do I know if the service is covered under the member's benefit plan?

Regardless of the exemption, to obtain reimbursement for this service, a member must meet their plan's eligibility requirements, and the service must be a covered benefit under the plan. We strongly encourage you to check the member's eligibility and covered benefit status for the exempted service(s). To check benefits and eligibility, sign in to the **UnitedHealthcare Provider Portal** and enter EDI 270/271 **Eligibility Inquiry and Benefit and Response**.

How long are these exemptions in place?

Exemptions are open ended if you comply with plan medical policies. Every 12 months, we may retroactively review performed services that were subject to a gold card exemption. If the review shows your approval rate dropped below 90% for the specific service during the review period, we may rescind the exemption. After each 12-month review period, new health care professionals and/ or new services for existing providers are added or removed based on the results.

How and when will I know if my exemption is rescinded?

Beginning in December 2026, we'll send you a notice if you no longer qualify for an exemption as to a service.

When can I qualify for an exemption?

To qualify, health care professionals must submit at least 10 prior authorization requests for a service per year and have a 90% or greater approval rate in a consecutive 12-month period. Health plans must complete their prior authorization analysis and send notices to health care professionals within 2 months of the end of the evaluation period.

Questions? We're here to help.

Connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal**.