

# Wyoming Gold Card exemptions

## Frequently asked questions

### Overview

Beginning Jan. 1, 2026, we'll be launching the process for Gold Carding in Wyoming in compliance with Wyoming Statute §26-55-112.

This law applies to Wyoming providers subject to UnitedHealthcare's 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 5 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 and/or less than 5 prior authorization requests were received, you'll need to submit 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

### What plans are eligible for exemption?

This law applies to Wyoming providers subject to our prior authorization requirements who serve fully insured, UnitedHealthcare commercial plan members in the individual, small and large group markets.

### How do I qualify for one of these exemptions?

If you submitted at least 5 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're 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'll 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. To learn more, view [UnitedHealthcare National Gold Card program](#) resources.

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

You can request a review of the non-exempt status 1 time per year. Start the process through the Chat function in the UnitedHealthcare Provider Portal. You'll 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 providers 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 AN number should be included on the claim submission.

## **How do I submit claims if an exempted provider requests my services, but I don't 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 NPI on the claim:

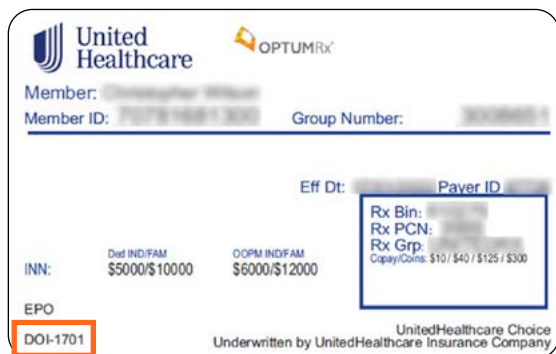
- In fields 17 and 17B of CMS Form 1500,
- In fields 76-79 or another appropriate field in Form UB-04, or
- In the corresponding fields for electronic claims using the ASC X12N 837 format

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

## How do I tell if my patient is fully insured?

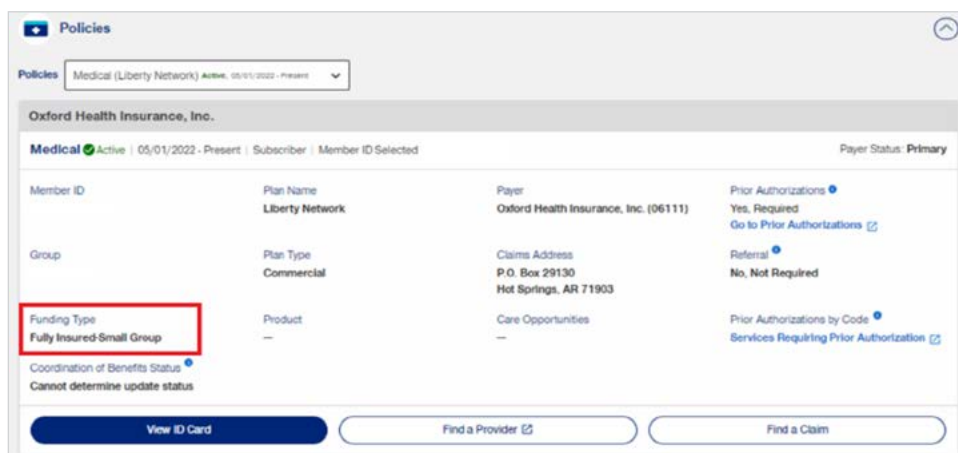
You have 2 ways to determine if a member is fully insured:

- 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 the Eligibility and Benefits section of [UHCprovider.com](https://uhcprovider.com). 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 don’t need to request prior authorization for the service submitted pursuant to your Wyoming 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). You may check benefits and eligibility at UnitedHealthcare's Provider Portal at EDI 270/271: [Eligibility and Benefit Inquiry 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 those services that were performed 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 providers 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?

The 12-month evaluation period runs from Jan. 1 to Dec. 31. You'll need to submit at least 5 prior authorization requests for a service per year and in a consecutive 12 months' period have a 90% or greater approval rate to qualify. Health plans must complete their prior authorization analysis and send notices to providers within 2 months of the end of the evaluation period.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare Benefits of Arkansas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company, or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.