

National Gold Card Program

Overview

The UnitedHealthcare National Gold Card Program rewards practices that consistently use evidence-based guidelines to develop treatment plans for their patients. As part of the program, Optum Behavioral Health will manage the waiver reviews and notifications for all network behavioral health services providers.

Practices (defined by a single Taxpayer Identification Number (TIN)) who receive Gold Card status are not required to submit prior authorization requests for certain mental health and substance use disorder services that would otherwise require authorization. **All Gold Card prior authorization waivers will be effective on Oct. 1st each year.**

The waivers will apply to behavioral health services covered by eligible UnitedHealthcare commercial, Individual Exchange, * Medicare Advantage and UnitedHealthcare Community plans. (*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.)

Your Gold Card status



If you provided any of the eligible services to members over the last 2 consecutive 12-month periods – from April 1, 2023, through March 31, 2025 – for intensive outpatient services, partial hospitalization programs and/or psychological testing – you may qualify for the waiver.

You can check your Gold Card status using the Provider Express secure portal starting Sept. 1, 2025. Here's how:

- Go to Providerexpress.com and log into the secure portal (upper right corner) with your One Healthcare ID and password.
- Select "Auths" from the menu at the top of the page, then select "National Gold Card" from the drop-down menu.
- A message with your Gold Card status will appear.



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Review Online Auth Inquiry National Gold Card Level of Care

National Gold Card Program

Tax ID: 123456789 – Behavioral Health for All Counseling Center

National Gold Card Program

Tax ID: 351470257

Congratulations! The providers associated with this Taxpayer Identification Number have qualified for UnitedHealthcare's National Gold Card Program. Prior authorization for select codes has been waived. The waiver is effective annually on October 1. For more information, please view our [quick reference guide](#).

National Gold Card Program

Tax ID: 720574846

The providers associated with this Taxpayer Identification Number do not qualify for prior authorization waiver(s) as part of UnitedHealthcare's National Gold Card program. For program requirements and eligibility information, please view our [quick reference guide](#). To request a one-time review of your Gold Card status, you may email bh_gold_card@optum.com within 30 calendar days of when this status was made available on the Provider Express secure portal.

Eligible service codes



These are the procedure and revenue codes that are currently reviewed for Gold Card waivers.

Note: Individual states may have regulatory requirements regarding prior authorization for these services. In such instances, regulatory requirements will supersede the Gold Card prior authorization waivers.

Intensive outpatient services		Partial Hospitalization Program		Psych testing	
0905		0912		96130	96138
0906		0913		96131	96139
H0015		H0035		96136	96146
S9480		S0201		96137	
Miscellaneous services					
H2001 (1/2 day program – Missouri only)				H2033 (Multi-system therapy – Virginia only)	
S9475 (Ambulatory substance use disorder treatment)					
Gold Card eligible codes may be updated from time to time. Any changes to the Gold Card eligible code list will be communicated in advance.					

What providers with waivers need to do



Beginning Oct. 1, providers who qualify for a Gold Card waiver will not need to submit prior authorization requests for 18 select procedure and revenue codes for intensive outpatient services, partial hospitalization programs and psychological testing.

Instead, you'll need to complete a short, simple advance notification before rendering services to members. An advance notification is started the same way as a prior authorization request. There are two ways to do this:

- **Online:** For most intensive outpatient services/partial hospitalization programs, you'll submit notification through the Provider Express secure portal. Here's how:
 - Go to Providerexpress.com and log into the secure portal (upper right corner) with your One Healthcare ID and password.
 - Select "Auths" from the menu at the top of the page, then select "Auth Request" from the drop-down menu.
- **By phone:** You may occasionally discover some health plans or certain services that the Provider Express secure portal is not set up to accept. In those instances, you must call the number on the back of the member's ID card to provide notification for those services.

What providers who did not receive a waiver need to do



If you did not qualify for a waiver, you must continue to submit prior authorization requests for all services that require approval before services are rendered. You can review prior authorization requirements via the:

- [Provider Express secure portal](#): Log in with your One Healthcare ID and password to check member eligibility and benefits.
- [Prior authorization webpage](#) on Providerexpress.com: Lists are available for Medicaid (by state), Medicare Advantage, Commercial and Individual Exchange plans.

Program eligibility and requirements



Practices (defined by a single TIN) must meet all of the following criteria to qualify for the Gold Card program:

- Network participation for at least 1 line of business – Commercial, Medicare Advantage, Medicaid or Individual Exchange
- A minimum of at least 10 eligible prior authorizations annually across participating lines of business for 2 consecutive 12-month periods for Gold Card-eligible codes, and
- An authorization approval rate of 92% or more after appeals have been exhausted for Gold Card-eligible codes, across participating lines of business, for each of the 2 consecutive 12-month periods.

Gold Card waivers are announced annually on September 1, with an effective date of October 1. The qualification period for prior authorization review is based on a 2-year look-back covering two consecutive 12-month periods. Specific dates vary by waiver cycle. Waivers are administered at the aggregate level, not the individual procedure code level. For more information, please email bh_gold_card@optum.com.

Optum Behavioral Health will continue to review program eligibility and may update the criteria periodically. Any changes to the eligibility criteria will be communicated in advance.

State requirements

The Gold Card Program will be effective in all states. Any state mandates or requirements will supersede the National Gold Card program.

- State criteria is applied criteria first, as required, for the applicable line of business.
- The Gold Card program will then apply for qualifying providers and codes where it does not conflict with state requirements.

Right to reconsideration of Gold Card status



Practices may request a one-time review of their Gold Card status. Reconsideration reviews must be submitted within 30 calendar days of the date the status is communicated.

Your Gold Card status may change as a result of a review request. Any change of status, as well as the effective date, will be communicated to the practice.

To request that your Gold Card status be reviewed and reconsidered, please email bh_gold_card@optum.com.

Annual eligibility reviews



For those providers who didn't initially qualify for Gold Card status, Optum Behavioral Health will review Gold Card eligibility and qualifications annually. Updated Gold Card status determinations will be effective on the first day of October every year. Any changes to the timing of Gold Card qualification reviews will be communicated in advance.

Optum Behavioral Health may require treatment records as part of the continued monitoring and evaluation of practices that have qualified for Gold Card status. Practices may lose Gold Card status because of patient safety issues, failure to cooperate with quality and patient safety activities, lack of timely response to requests for information, or if they no longer meet Program requirements.

Provider/practice responsibilities



The national Gold Card program simplifies administrative workflows and reduces overall prior authorization requests so you can focus on patient care. To help avoid confusion and abrasion with patients, please be mindful and continue to follow these standard practices:

- **Continue to confirm member eligibility and benefits for service(s)**
If a service is not covered by the member's health plan, the Gold Card waiver does not change the member's eligibility and benefits.
- **Follow evidence-based guidelines and protocols when developing treatment plans**
We will monitor practices that qualify for Gold Card status, and at times may request treatment records. Your Gold Card waiver may be revoked if you stop following standard clinical guidelines.
- **Submit prior authorization requests for other required codes/services**
The Gold Card waiver only applies to the select billing codes indicated for your practice. Prior authorization requests must still be

submitted for other mental health and substance use disorder services that require them. You can review required code lists by line of business (Commercial, Medicaid and Exchange plans) on the [Prior Authorization and Notification page](#) of the Provider Express website.

Benefits of advance notification instead of prior authorization



Practices that earn Gold Card status are required to complete a simple Advance Notification for services.

Providers will use the same process they currently follow for Prior Authorization. The request must be submitted pre-service, either by phone or through the STAR portal. Providers must answer some non-clinical questions and if the case is Gold Card eligible providers will receive a notification confirmation number for their records. If it's not eligible they will proceed with the prior authorization process.

Advance notification benefits patients and other providers in several ways:

- **Patient cost protections:** Validates member eligibility and network status using our online tools.
- **Provider care coordination:** Enables other providers and facilities supporting care for plan members to quickly and easily validate the service is covered. This lets them know that further authorization is not required and helps ensure scheduling of services. It also helps verify that the Gold Card eligibility for a CPT® code applies to other providers caring for each plan member.
- **Health plan care coordination:** Shares real-time information with UnitedHealthcare to help us identify applicable care management programs and other resources to help advance each plan member's health journey.
- **Identify exclusions:** Individual states may issue regulatory requirements impacting the National Gold Card program and specific codes.

Questions? We're here to help.



Email Optum Behavioral Health at bh_gold_card@optum.com.

*The UnitedHealthcare Gold Card program applies to behavioral health services covered by eligible UnitedHealthcare commercial, Individual Exchange, Medicare Advantage and Community Plans. UnitedHealthcare Individual Exchange plans are also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.