

Optum Health

Provider Express

Authorization Request for
Virginia MHS



Objective

This presentation will review the following features:

- Submit a Virginia MHS authorization request
- View status details of the submitted request

Authorization Request

You can now request an authorization for Virginia MHS services through Provider Express by selecting Auth Request from the Auths drop-down.



Authorization Request

You can either select Request a new authorization or View my Census. The census is where you can view your authorization requests for recent members and the corresponding status.

Public Home

Optum | Provider Express

Auth Request | Auth Inquiry

Authorization Request

Most plans do not require prior authorization for these routine outpatient services.

To review the Level of Care Guidelines, [click here](#).

If you need authorization for a non-routine outpatient service, please select what you would like to do?

Request a new authorization

View my Census

Continue

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Authorization Request – Request a new authorization

When you select Request a new authorization, you will be prompted to select the service you want to request the authorization for. Then select continue to view the services that may be requested. Then select continue to begin your request.

Authorization Request

Most plans do not require prior authorization for these routine outpatient services.

If you need authorization for a non-routine outpatient service, please select what you would like to do?

- Request a new authorization
- View my Census

Select Service

- ABA Assessment
- ABA Treatment
- AZ IOP Medicaid
- Special Handling TMS
- Psych Testing
- TMS
- Virginia Mental Health Services

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This selection is only for requesting prior auth for these services:

- Case Management (H0023)
- Intensive In-Home (H2012)
- Individual Peer Support (H0024)
- Group Peer Support (H0025)
- Mental Health Skill Building (H0046)
- Psychosocial Rehab (H2017)
- Assertive Community Treatment (H0040)
- MH Partial Hospitalization (H0035)
- Therapeutic Day Treatment for Children (H2016)
- Multisystem Family Therapy (H2033)
- Functional Family Therapy (H0036)
- Mobile Crisis (H2011)
- Community Stabilization (S9482)

Authorization Request – Request a new authorization

Now you will select the Provider and the service address using the drop downs provided.

Authorization Request

Virginia Mental Health Services

* Indicates required field

Note: If you do not see your practicing address listed below, please navigate to the practice information page and add as a new address before continuing.

Select Provider *

Service Address *

Next you will search for the member you are submitting a request for. You may search by the Member ID or the Name and Date of Birth. After you have selected the member, select continue

My Patients | Member ID Search | Name / DOB Search

* Required

Member ID*	First Name*	Group Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Date to Check Eligibility*	
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="01/06/2025"/>	

Continue

Authorization Request – Request a new authorization

You may now complete the authorization request. When attaching documents make sure to select the correct document type. Once completed, select submit.

Virginia Mental Health Services

<u>Member Name</u>	<u>Member ID</u>	<u>Member ALT ID</u>	<u>Gender</u>	<u>Member Date of Birth</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Provider Name</u>	<u>Provider NPI</u>	<u>Provider TIN</u>	<u>Provider Medicare Number</u>	<u>Provider Address</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Required fields

Save Draft & Continue

Save Draft & Close

Professionals completing this request form should consider the following information:

- 1) Authorization is contingent upon the member's eligibility, terms of the benefit plan, state regulations, Virginia Medicaid Supplemental Clinical Criteria, and Optum policies/procedures.
- 2) Please confirm member coverage and availability for this service prior to completing this form. If online access for coverage is not available for you please call the number on the back of the member's card.
- 3) Only complete submissions will be considered and official request for services.
- 4) Please fill out member information as it appears on Medicaid card.
- 5) For all Mental Health requests, please include in your submitted supporting documents all clinical information required by DMAS as indicated in the Provider Manuals and on the Service Authorization Request.

Contact

Treating Provider Name*

Treating Provider Phone Number*

Name	Document Type	Status	Size	Action
Attachment Test.doc	Comprehensive Needs Assessment	Completed	0.024 MB	

Attestation

I hereby attest that all the information provided on this form is true and accurate to the best of my knowledge and will be used to make a clinical determination. Any attached documentation will not change or modify the requested services. I would like to submit this request online. *

Individual Service Plan

Freedom of Choice Form

All of the above

Authorization Request

You will now see the Member Census that shows the member status. This is where you can view your authorization requests for recent members and the corresponding status.

Optum | Provider Express

Click here to chat
Our normal chat hours are:
Monday-Friday
9:00 a.m. - 6:00 p.m. (EST)

Sign Out

Welcome, [Redacted]

Main Menu [Training Materials](#)

Member Census

Entries per page Displaying Page: 1 of 1 | Go to Page

Name ↑↓	Date of Birth ↑↓	ID ↑↓	Status ↑↓
[Redacted]	04/26/1995	[Redacted]	Draft in Progress
[Redacted]	12/22/1959	[Redacted]	Review in Progress
[Redacted]	08/28/2000	[Redacted]	Review in Progress

Entries per page Displaying Page: 1 of 1 | Go to Page

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Authorization Request – ‘View my Census’

You can view the authorization details by selecting the corresponding row for the member in the census. Select the specific request to view the authorization request entry details.

Member Census

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

Name ↑↓	Date of Birth ↑↓	ID ↑↓	Status ↑↓
[REDACTED]	04/26/1995	[REDACTED]	Draft in Progress
[REDACTED]	12/22/1959	[REDACTED]	Review in Progress
[REDACTED]	08/28/2000	[REDACTED]	Review in Progress

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

[REDACTED] 08/28/2000 [REDACTED]

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

Form	Date of Request	Start Date	Status	Auth #	Units	Authorization Expiration
VA MHS	01/06/2025	01/06/2025	Submitted			04/05/2025

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

Form	Date of Request	Start Date	Status	Auth #	Units	Authorization Expiration	Actions ⓘ
VA MHS	01/06/2025	01/06/2025	Submitted			04/05/2025	

Entries per page 5 10 25 100 Displaying Page: 1 of 1 | Go to Page

Authorization Request Information

Case ID: [REDACTED]

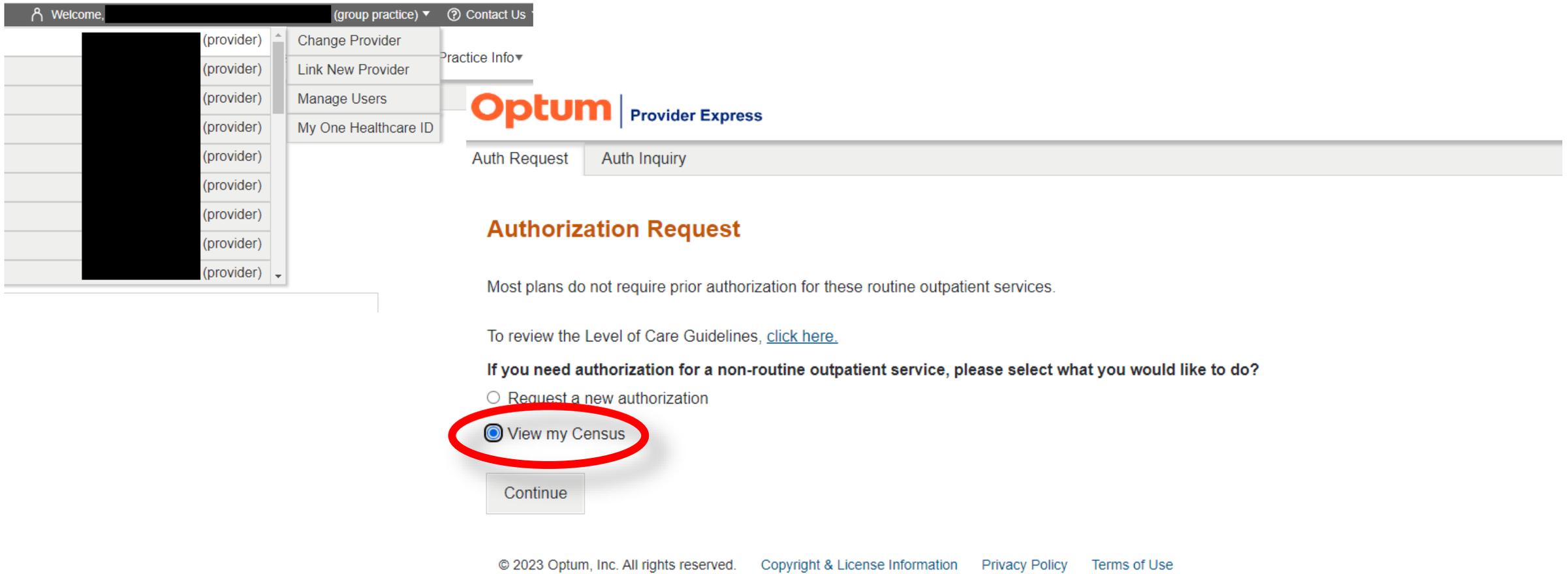
Provider

Facility Name: [REDACTED]

Facility Phone: [REDACTED]

Authorization Request – ‘View my Census’

You may also access the census screen, by selecting View my Census from the Auth Request screen. Ensure the correct provider is selected from your provider menu in the righthand corner of your screen.



The screenshot displays the Optum Provider Express interface. At the top, there is a navigation bar with a user profile icon, the text 'Welcome,' a dropdown menu showing '(group practice)', and a 'Contact Us' link. Below this, a provider selection menu is open, listing several '(provider)' entries. To the right of this menu, a dropdown menu is open with the following options: 'Change Provider', 'Link New Provider', 'Manage Users', and 'My One Healthcare ID'. The main content area features the 'Optum | Provider Express' logo and two tabs: 'Auth Request' (which is active) and 'Auth Inquiry'. Below the tabs, the heading 'Authorization Request' is displayed. The text reads: 'Most plans do not require prior authorization for these routine outpatient services. To review the Level of Care Guidelines, [click here](#). If you need authorization for a non-routine outpatient service, please select what you would like to do?'. Two radio button options are presented: 'Request a new authorization' and 'View my Census'. The 'View my Census' option is selected and highlighted with a red circle. A 'Continue' button is located below the radio buttons. At the bottom of the page, there is a footer with the following text: '© 2023 Optum, Inc. All rights reserved. Copyright & License Information Privacy Policy Terms of Use'.

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