

Prior Authorization Wheelchair Process

Molina Healthcare understands that an efficient prior authorization (PA) process is important to our providers. This process for requesting an external wheelchair assessment will help make sure that we gather all the information needed to process your requests as quickly as possible so that you can focus on what's most important: providing care to your patients.

Indicators for submitting an External Wheelchair Assessment

- \$15,000 for power wheelchairs
- \$10,000 for standard wheelchair/non-power wheelchair
- All requests for ultralight wheelchairs for members residing in an SNF/LTC
- All requests for power wheelchairs for members residing in an SNF/LTC
- All requests for custom seating for members residing in an SNF/LTC

Overview of the External Wheelchair Assessment Process

The following outlines the process and steps to complete an external wheelchair assessment.

1. Check the patient's insurance information to make sure that Molina Healthcare is the primary insurer.
2. Member must be enrolled in the Ohio Medicaid or MyCare Ohio Medicaid line of business. This process is not applicable to other lines of business.
3. Complete the Request for [External Wheelchair Assessment Form](#).
4. Molina will initiate an in-home assessment with an independent licensed physical therapist from our external vendor, The Periscope Group, which will provide a recommendation of wheelchair type and medically necessary parts.
5. Molina will notify provider of recommendation.
6. Complete the Molina Healthcare [Prior Authorization Request Form](#)
7. Submit all clinical information required for wheelchair request with the Service Request Form or Prior Authorization Request Form.

Molina Healthcare typically responds to routine service requests within 7 days.

The 7-day turnaround time starts when service request form is submitted, not when the request for external wheelchair assessment is submitted.

Submitting the Prior Authorization (PA) Request

- To ensure your PA request contains all of the necessary information for review, call ahead if you have questions. Molina Healthcare can answer any questions you have before you submit your PA request.
- Submit your PA request and all clinical information to Molina Healthcare:
Fax to Molina Healthcare at (866) 449-6843
Or
Submit via the Provider Portal at <https://provider.molinahealthcare.com/>.

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Contact Us

If you have questions about a request, call Molina Healthcare's Prior Authorization Department at (855) 322-4079. A representative is available to assist you Monday through Friday from 8 a.m. to 5 p.m.

External Reviewer	<p>Molina utilizes the Periscope Group for select requests to assist in the utilization decision-making process for authorization purposes. The external reviewers provide a recommendation regarding medical necessity decisions; however, Molina does not delegate authorization decision making to any external reviewer.</p> <p>The final medical necessity determination is made by Molina.</p>
Benefit of process	<ol style="list-style-type: none">1. Providers will not need to staff their own therapists since Molina will be initiating the assessment.2. An external assessment and recommendation will be provided with your prior authorization request.