



How to Submit a Global OB/GYN Authorization Request Online

WellCare of Georgia encourages providers to submit authorization requests for global obstetric services via our secure Web site, georgia.wellcare.com. By becoming a registered user, you have immediate access to pertinent information regarding your claims, authorizations and more. Conducting transactions online provides useful information on demand while also saving you time.

Simply log in to georgia.wellcare.com and follow the steps below. If you have any questions, please contact your Provider Relations Representative.

1

Log in or create a new account using the [Sign Up Here](#) link that appears on the home page.

2

Once you have logged in, you may access the Authorizations tool a couple of ways.
On the Providers main page, you can select the [Submit Authorization](#) link under the Authorizations heading.

Or, you can select the [Authorizations](#) tab at the top of the page.



From there, select the [Authorization Request](#) link.

Then select the type of request:

- Outpatient or Pre-Planned Inpatient Surgery
- Pre-Planned C-Section

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3

Enter the Requesting Provider ID and Member ID; choose Place of Service 11 – Office OB Global, enter the Primary Diagnosis and Servicing Provider ID, and select *Continue*.

You can locate provider information by clicking the *Search for Provider* link and entering the last name, first name and/or Provider ID.

The screenshot shows a web form for submitting a Global OB/GYN Authorization Request. The form is titled "Required" and contains several fields and buttons. The fields are: "Requesting Provider ID" with a "Search for Provider" link, "Member ID" with a "Search for Member" link, "Place of Service" with a dropdown menu showing "Select a Place of Service", "Number of Visits" with a text input field, "CPT 1:", "CPT 2:", and "CPT 3:" with text input fields, "Primary Diagnosis:", "Diagnosis 2:", "Diagnosis 3:", and "Diagnosis 4:" with text input fields, and "Servicing Provider ID" with a "Search for Provider" link. There are two green buttons: "Check Auth Requirement" and "Continue >>".

4

You may review a summary of your authorization request on the right side of the screen to ensure the information is correct.

5

Please supply your phone and fax numbers. You can attach up to 10 **clinical files**, or you can provide any relevant clinical information supporting the request by typing the information into the text box.

6

Select the *Submit* button.

If your request is for a service that does not require nurse review, you will receive approval immediately.

If your request is for a service that requires nurse review, you will receive a confirmation message stating the request was received, and the Plan will fax the determination response within 2–5 business days. Please note that your ability to view the request via Web inquiry may be delayed until a final disposition has been determined. As a result, you may receive our fax response prior to seeing the determination online.

Please note that Authorization/Certification determinations are made based on medical necessity and appropriateness, and reflect the application of the Plan's approved review criteria guidelines. Once you complete each authorization request, you can download or print a summary report for your records.