



## WorkLink Providers Process Guide

- WorkLink providers are expected to treat WorkLink clients for the work injury condition and not personal or chronic problems. For personal or chronic problems, refer clients to their primary physicians under their personal health insurance plan.
- WorkLink providers are expected to treat WorkLink clients for work injury condition within 24-72 hours for initial evaluation and every 2 weeks if off work, otherwise, every 3-4 weeks.
- WorkLink clients have a very strong Return to Work Programs and are able to accommodate any necessary restrictions. WorkLink providers are to assess work status at each appointment.
- WorkLink Return Work Status Form (RTW) must be used and fully completed with restrictions if applicable, diagnosis code number, and diagnosis description and submit on the same day you see the employee to WorkLink via web or by fax to 713-338-6590. Online RTW form version for completion is available at <http://healthplan.memorialhermann.org/employers/occupational-injury-management-worklink/>
- Preauthorization request must be submitted with a completed Request Form to the preauthorization department with a signed prescription from the treating doctor and supporting objective clinical findings to 713-338-6590. Preauthorization Form could also be accessed at same URL link listed above for RTW form.
- Therapy Referrals are to be faxed to the WorkLink case manager with clinical for review within 2-3 days after appointment. Fax to 713-338-6590. Case Manager will coordinate with Memorial Hermann therapy facilities, if any questions call at 713-338-6519 option 1, then 3.
- Any Diagnostic (i.e., MRI, CT) Referral needs to come with a signed prescription to include diagnosis description and CPT code number with supported clinical documentation and faxed to the WorkLink Preauthorization Department at 713-338-4192. Diagnostic testing will be coordinated with Memorial Hermann Healthcare System.
- Once the injured worker has been released to Full Duty and if no further treatment is needed, the MD needs to assess Maximum Medical Improvement (MMI) date in writing. If an impairment rating is requested by carrier, the doctor is to assign the impairment rating or refer the injured employee or claimant for evaluation.
- If an injured worker is released to work with permanent restrictions, an MMI date and impairment rating must be completed in conjunction with RTW slip.
- Send all bills to WorkLink via Fax 713-704-0512 or E-Billing at:

**E-Billing Payor ID # CB026**

**Clearinghouse: Workcomp EDI**