



FCE Evaluator Standards **(State Fund Claims)**

Authorization/Appointment:

1. Provide a timely appointment. Ideally appointment is within 21 days of claim manager authorization.
2. In state providers use Functional Capacity Summary form F245-434-000 for state fund claims.
3. Make sure you have prior-authorization from the claim manager (CM)(typically initiated by the vocational provider).
4. Communicate and confirm scheduled appointment with the worker.
5. Contact or be available to the vocational provider/CM prior and after evaluation.
6. Ensure a separate FCE is not being provided for a worker in or who recently completed work hardening and/or pain management program (SIMP) within the last 6 months unless there has been a change in their medical condition.
7. Obtain the job analysis (JA) and work pattern from the vocational provider/CM prior to the evaluation.
8. Alert the claim manager if any barriers/delays arise as it relates to scheduling, performing the evaluation and/or reporting the results.

Evaluation:

1. Ensure your evaluation protocol meets L&I's FCE evaluation elements.
2. Customize your testing and test duration based on the individual worker and job requirements.
3. Provide as a one on one service.
4. Duration: Up to 6 hours of direct time but must be a minimum of 3 hours.
5. Performed only by OT, PT, and/or board certified physiatrist.

Reporting/After the Evaluation:

1. When feasible, separate out limitations related to other factors on the FCE Summary form.
2. Avoid labeling a worker into a physical demand category on the FCE Summary form as this only identifies part of the individual's capacities.
3. If unable to make return to work conclusions, do not fill out the FCE Summary form capacity grid, respond to job analyses, or other referral questions.
4. Indicate your response to the job analysis on the FCE Summary form instead of on the JA signature /summary pages.
5. Do not ask the attending provider for concurrence of your report. It is the role of the vocational provider or claim manager to ask the attending provider specific return to work questions.
6. If recommending additional treatment or services, put this in the additional comments section of the summary report with specific rationale.
7. Send the FCE Summary form to L&I, attending provider, and vocational provider if assigned within 10 days of your evaluation. Send your full report to L&I no later than 30 days.
8. Use procedure code 1045M to bill for this service.



VRC Standards for FCEs **(State Fund Claims)**

1. In collaboration with the attending provider (AP), select a Functional Capacity Evaluation (FCE) provider that is in close proximity to the worker and has the necessary specialty (e.g. hand therapist).
2. Ensure a separate FCE is not being provided for a worker in or who recently completed work hardening and/or pain management program (SIMP) within the last 6 months unless there has been a change in their medical condition.
3. Call the claim manager to request approval for the FCE with supporting information to include the clinic name/provider number/phone number, reason for the evaluation, and jobs being considered. If needed, include more details in an EVOC message.
4. Prior to the FCE, provide the FCE clinic with the:
 - a. Job analyses (JAs). Keep JAs to no more than 5 unless special circumstances and discussed with FCE evaluator.
 - b. Work pattern at the time of injury.
5. Contact FCE Clinic before and after evaluation to discuss any unique factors.
6. Alert the claim manager if any barriers/delays arise preventing a timely evaluation, summary of the results, or response by the AP.
7. Review the FCE Summary report in timely manner. If not received within 10 days of the evaluation, follow up with FCE clinic to obtain the summary.
8. Acknowledge that the FCE clinic will document their return to work conclusions on the FCE Summary form and not be asked to complete a JA signature or summary page.
9. Send JAs with signature page and/or summary page with the FCE Summary to the AP. Ask the AP for return to work decisions and no longer ask for general concurrence. Refer to L&I's resource document: *Attending Provider Questionnaire after an FCE*.
10. If the FCE evaluator cannot make RTW conclusions, meet with the AP to discuss RTW decisions and next steps. Ensure the claim manager is aware of the results. If unable to meet with the AP, follow #9 above and with copy of AP letter to the claim file. Refer to L&I resource document: *Attending Provider Questionnaire after an FCE/Was Not able to make RTW conclusions*.
11. If the vocational provider develops future JAs after the evaluation, the vocational provider will compare the prior FCE Summary results to the new job analysis rather than send to the FCE clinic.
 - a. If these documents can be compared without interpretation, the VRC will follow up directly with the AP to request return to work/treatment decisions.
 - b. If interpretation is needed, additional testing by FCE clinic may be needed.