## **FCE Protocol**

## What is an FCE?

An FCE is a Functional Capacity Evaluation which is a **one-time** evaluation to determine the ability of the evaluated person to function in a variety of circumstances in an objective manner. An FCE can help determine if the person is physically ready to go back to their job. This evaluation is scientifically developed to measure a person's capabilities and tolerances, known as their physical demand level (PDL). Our standardized FCE process (Key Method), can help determine the level of participation and activity that is safe for the patient following rehab, providing the highest probability for return to work without re-injury.

The purpose of this protocol is to outline a process for an FCE from the point of intake to scheduling. When you receive a phone call inquiring about an FCE, follow the steps below:

- 1) Let the caller know that we do perform FCEs. Not all our clinics offer FCEs; **DO NOT** instruct the caller to call the location that performs the FCEs if your clinic does not offer them.
  - a. With the caller/patient on the phone, obtain all the necessary information (same as a Work Comp or Auto claim)
  - b. Fully onboard the patient into Agile.
  - c. Explain to the patient that you will be calling them back with a date and time for their evaluation once we have authorization for their FCE.
  - d. Do **NOT** send the patient their paperwork to complete prior to their appointment as it will be completed in-clinic as part of their evaluation.
  - e. <u>DO NOT SCHEDULE THE PATIENT.</u> Lindsey and your FCE provider will quarterback <u>ALL FCE referrals</u> and scheduling of <u>ALL FCE appointments</u> regardless if your location performs the FCE or not. This is extremely important as we need all the necessary authorization to proceed prior to scheduling.
- 2) <u>Email Lindsey Nicholson, copying your FCE provider, that you have received a FCE referral.</u> Flag the email as high importance and title email "FCE referral needs scheduling". Please include the following information:
  - a. Patient name and Case #
  - b. Payer type
  - c. Attach the script to the email
    - i. The script must clearly state FCE/FCA
- 3) Lindsey will respond with next steps which will be to obtain authorization. Submit for authorization.
  - a. Request authorization asking for 24 units of 97750.
  - b. Authorization is required for ALL FCEs (the only exception is self-pay).
  - c. If the quote comes back "authorization not required" this is a REG FLAG
    - i. In this case, the patient should be offered the self-pay rate as their insurance will NOT pay us or will not pay us in full Patient Pay
    - ii. If self-pay, select Full Charge



- 4) Once you <u>HAVE AUTHORIZATION</u>, coordinate a time with your FCE provider for the FCE and call the patient to schedule.
  - a. Use appointment type FCE

FCE

## Insurance notes:

- BCBS plans will sometimes authorize FCEs. In the event that a patient has this insurance, the FOC must contact the patient's insurance and verify coverage for a Functional Capacity Evaluation, up to 24 Units of Therapy
  Code 97750. Once the benefits are received, please call the patient and notify them of their coverage. If they are not, covered for 24 units of 97750, they will fall under the Self-Pay option.
- At times, an employer will request an FCE for one of their employees and the employer will be paying for the FCE directly. In this instance, the Case should be set up with the payer's Name and address. If the Employer is not listed in Agile, the FOC will submit a helpscout ticket to have the Employer added. The employer will likely be the one calling, but if it is the employee, the FOC will call the Employer to obtain authorization to bill the Employer for the evaluation.
- Medicaid plans will be a self-pay FCE