Title	Description
Policy Name:	**Payment Policy for Functional Capacity Evaluations**
Policy Number:	BRM-2021-02
Code/Rule Reference:	OAC 4123-6-08; 4123-6-37.2; *Documentation of Timed Services (PDF)*
Effective Date:	February 1, 2021
Supersedes:	All medical policies, directives and memos regarding the functional capacity evaluation that predate the effective date of this policy.
History:	New
Review date:	February 1, 2026

I. POLICY OVERVIEW AND PURPOSE

The purpose of this policy is to ensure that the Bureau of Workers' Compensation (BWC) provides direction and clarification to the authorization, billing, and reimbursement of the CPT code 97750 for functional capacity evaluations (FCE) being provided to Ohio injured workers.

BWC recognizes there are two generalized uses of the FCE procedure code, which will result in billing and reimbursement differences. The FCE performed by a treating therapist or treating provider to determine the functional physical progress an injured worker (IW) made during therapy treatment, compares the ability of the IW at various points of time to identify therapeutic progress, the need for continued treatment or the physical capacity of the IW to perform designated tasks.

Alternatively, the second generalized use is to perform an FCE for job restoration and return to work purposes, measuring the ability to perform work related functions and tasks and the predictability to sustain the function over a defined time frame. This is used when the Physician of Record (POR) or treating provider needs to determine the extent of disability, return to work capabilities, job specific limitations or accommodations, gaps between abilities and job specific demands or if an IW can safely participate in a vocational rehabilitation program. Performance of the occupationally focused FCE requires specialized training, equipment and software and BWC clarifies the provider provision requirements of the occupationally focused FCE.

Through this policy BWC will define requirements that differ based on the type of FCE, as well as the billing and reimbursement differences between the treatment-based and occupationally focused FCE, including when there is an exception to the always therapy

reduction and always therapy discipline specific modifier billing requirement as defined in the *Always Therapy Modifier Billing Requirements policy*.

II. APPLICABILITY

This policy applies to all actions relevant to the reimbursement of the FCE within the Ohio Workers' Compensation System.

III. DEFINITIONS

Functional capacity evaluation (FCE). A detailed examination and evaluation that measures the IW's physical capabilities at a specific point in time using a set of tests, practices and observations that are combined to objectively determine the treatment-based progress or used as a non-treatment-based measurement of the ability of the injured worker to function in the employment or vocational rehabilitation setting.

Occupationally focused FCE: A type of FCE that focuses on evaluating the IW's functional abilities against the physical requirements necessary to perform certain job(s), certain job-related functions, or a variety of occupations for purposes of determining return to work potential, vocational rehabilitation potential or job modification needs. This testing is not performed as part of a therapy treatment plan. The FCE provider uses a set of tests, practices and observations to conclude the occupationally focused determinations.

Treatment-based FCE: A type of FCE that uses evaluative techniques, tests, practices, and observations of the treating provider to measure at a specific point in time, the IW's physical capabilities, with the resulting information potentially assisting the treating provider to set future course of treatment.

IV. POLICY

A. Prior Authorization:

1. When requesting prior authorization for the FCE, the Physician of Record (POR) or treating provider must document specifically if the FCE will be:
    a. Treatment-based; or
    b. Occupationally focused.
2. The POR or treating provider, when such is applicable must include the following information for an occupationally focused FCE.
    a. Any specific issue(s) the POR or treating provider is requesting the FCE provider to address including but not limited to:
        i. Return to work accommodations or limitations;
        ii. Return to work capability, same or different job;
        iii. Vocational rehabilitation readiness;

iv. The physical requirements of the intended job(s);
v. If multiple jobs with opposite physical demands must be evaluated;
vi. If the IW requires multiple and separate testing such as both a whole body and a separate upper extremity focused evaluation is required.

b. Any potential contraindications that might impact the outcome of the FCE:
i. Medical instability; or
ii. Cardiac, pulmonary, neurological, or psychosocial disease; or
iii. Inability to communicate with the FCE provider or understand instructions; including cognitive limitations.

3. To facilitate reimbursement, the occupationally focused FCE provider may submit additional authorization information which includes:
a. The estimated units of service for face-to-face time; and
b. Specific testing requirements that might increase the face-to-face requirements; and
c. Justification to support the requested face to face time requirements.

B. Treatment-Based FCE Billing Requirements: A treatment-based FCE is performed by the treating therapist (PT, OT) athletic trainer or physician and must:
1. Be billed with the applicable discipline specific modifier, -GP or -GO; and
2. Must comply with the timed services policy's requirements for documentation.

C. Occupationally Focused FCE Billing Requirements: To bill BWC, an FCE for purposes of determining the IW's occupational requirements or limitations:
1. Cannot be delegated to an OT-A or PT-A; and
2. May include up to a maximum of 4 units (1 hour) of non-face-to-face time.
3. Cannot be billed more than once every thirty (30) days.
4. The test is performed on a single date, unless the MCO has authorized for the test to be performed over two days.
5. When performed over two days, the following requirements apply:
a. The FCE is considered <u>one</u> test, although performed over two days.
b. The time on the 2nd day will be added to and billed as one service using the first testing date as the date of service.
6. Cannot be performed or billed in conjunction with any other service on the same date of service.
7. Cannot include time to:
a. Perform missed or forgotten testing; or
b. Update incomplete reports or conflicts within a report.
8. The occupationally focused FCE will:
a. Be excluded from always therapy reductions; and
b. Should not be billed with the always therapy modifiers, -GP or -GO.

D. Occupationally Focused FCE Documentation:
1. Documentation must include, but is not limited to the following:

a. Results and details of testing, including:
    i. A list of all tests that were performed; and
    ii. Results of all testing performed; and
    iii. Rationale when performing multiple tests that measure the same level of functionality; and
    iv. When performed over two dates of service, both dates of service and specific time must be documented.
b. Summary of applicable findings, including but not limited to:
    i. Job specific physical abilities; and
    a. Overall physical demands; and
    b. A summary of injured worker:
        i. Cooperation;
        ii. Consistency of performance during testing (done with repeated or different tests for the same area of the body or function); and
        iii. Safety of movement and body mechanics; and
    c. Adaptations to enhance performance; and
c. Recommendations as applicable, including but not limited to:
    i. Answers to the questions or indications requested by the referral source;
    ii. Job specific limitations;
    iii. Job specific accommodations; and/or
    iv. Vocational rehabilitation readiness.

2. Time:
    a. Documentation of time must be in accordance with the *Documentation of Timed Services (PDF)* policy and must adhere to these clarifications to include:
        i. Start and stop times of face-to-face direct patient care; and
        d. Start and stop times of non-face-to-face time; and
        e. Total duration of the service.
        f. When performed over two days, time on both dates must be identified.
    b. Non-face-to-face time is billable to a maximum of 4 units (1 hour), regardless of how much time is spent performing non-face-to-face activities.