



**Therapy Stakeholders Group Meeting**  
**March 23, 2015, Tukwila Service Location, 12:30 p.m. – 3:30 p.m.**

**Present:**

**Therapy Members:** Theodore Becker – EPI, Josh Cobbley – Northwest Return to Work, Jackie Earl – Cascade Summit, Cheryl French Nevin – Olympic Sports and Spine Rehabilitation, Barbara Harrington – Peoples Injury Network Northwest, Jonathan Harrison – NW Work Options, Terry Moon – Pacific Rehabilitation, Jim Strandy – Summit Rehabilitation, Lynda White – MVP Physical Therapy

**LNI:** Karen Ahrens – Project Lead, Sarah Martin – Project Manager/Chair, Lauren Royer – Project Administrative Support, Rich Wilson - Project Director, Ryan Guppy – Project Sponsor, Jim Kammerer – Project Lead

**Updates:**

Per this stakeholder group's recommendation, L&I is replacing the term PBPCE (Performance-based Physical Capacity Evaluation) with FCE (Functional Capacity Evaluation).

As of March 23<sup>rd</sup>, our technology update was implemented. When a claim manager authorizes an FCE, they will provide time limited access to the clinic (defaults to 60 days), load the authorization codes, and send the worker an approval letter with FCE Fact Sheet and Travel Reimbursement form. The clinic will get a cc copy of the worker letter. The previously proposed FCE clinic auth letter is not currently going out but we hope to pilot this letter in the near future with our pilot claim units. Ok for clinics to continue sending out their FCE appointment letter to the worker. The FCE appointment letter likely has pertinent information specific to your clinic with policies and appointment date.

eCorr – for those volunteer clinics, I previously sent an email to follow up with Jim when ready to sign up. (The clinic needs to have active time limited access with one client to add this feature)

ICD10: Effective Oct 1, L&I will implement ICD10. It may impact payment of FCEs if the bill does not have the ICD10 code starting October 1, 2015. The Electronic Billing Unit 902-6511 is the point of contact. If you want to test it prior, contact Ricardo. 360-902-6589.

**Minimum Testing Components:**

Group provided feedback on which categories were essential for a comprehensive whole body test. In addition, a list was created related to testing methods for the essential categories and best practices. Additional changes/feedback will be pursued with this stakeholder group.

Respiration, BMI, recreational drug use, cognition – the group agreed these would not be part of the essential components. For cognition, this would be case by case and could be added to the comments section of the report.

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**FCE Evaluator Minimum Qualifications:**

Specific Questions:

Who can perform these evaluations?

- No change to current rules and policy: OT, PT and board certified physical medicine MDs/DOs.

Role of the therapy assistant (COTA/PTA)?

- No role. Members do not recommend OTAs or PTAs assist with the evaluation.
  - The evaluation relies on behavioral observations by the therapist. This data would be lost if performed by an assistant and impact the quality.
  - Assistants cannot do interpretations.
  - There is a concern if assistants are allowed to do the non-interpretative testing, it may lead them to doing more than is allowed.

Is it ok for these tests to be done by both an OT and PT doing different sections?–

- Yes

Minimum qualifications of the evaluator?

The members advocated for minimum qualifications above and beyond being a licensed OT and PT. These tests rely in part on the clinical judgment of the therapist. Quality would be at risk if the test was done by individuals without specialized training in these evaluations or basic workers compensation knowledge.

Possible options given by members:

- Create a mentorship/internship program
  - Work under a qualified evaluator (mentor) and log specific number of hours
  - Educational track included
- Years of Experience
  - Require a certain number of years of experience in workers compensation.
- Training Requirements
  - Requiring a certain number of training hours (CEUs) (initial/continuing)
  - Consider similar requirements used for other specialized credentialing.
  - Have L&I offer courses. Members would be willing to teach/help with courses. Topics could include Workers Comp, body mechanics, testing.
  - Reach out to clinical coordinators at WA therapy schools to advocate education on FCE to existing entry level therapy programs.
- Consider adding these type of providers under the provider network

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**Round Robin**

Request for topics at future meetings:

- Address how to determine full time capacity and durational tolerances.
- PCE referral when there is a job specific request versus comprehensive test.
- Revisit qualifications/educational opportunities
- Job Analysis review: maximum number per test, payment option to review when outside of test.

Volunteers for Capacity Summary and Report Summary Pilot: Barbara Harrington, Jim Strandy, Jonathan Harrison, Jackie Earl, Terry Moon, Lynda White, Josh Cobbley. Anticipated pilot will start in late April or early May.

**Follow up:**

Rule that allows clinic to bill a no show fee:

WAC 296-20-010

(6) Other than missed appointments for examinations arranged by the department or self-insurer, a provider may bill an injured worker for a missed appointment if:

- (a) The provider has a missed appointment policy that applies to all patients without regard as to which insurer or entitlement program may be responsible for payment; and
- (b) The provider routinely notifies all patients of the missed appointment policy.

The implementation and enforcement of the policy is a matter between the provider and the injured worker. L&I is not responsible for the implementation and/or enforcement of the provider's policy.

FYI: Examinations arranged by the department or self-insurer = independent medical exams.

Next Meeting: May 28<sup>th</sup>