

# Functional Capacity Evaluation Prescription (CPT 97800)

Patient Name: \_\_\_\_\_

DOA: \_\_\_\_\_

**Referral is made due to a significant, documented change in the claimant's status compared to their reported pre-injury baseline.**

**Indication:** To determine whether additional treatment or referral to a work hardening program is warranted. The FCE will provide an impartial and objective measurement of the patient's capabilities, performance of daily activities, work-related limitations, treatment progress, and will help identify any functional weaknesses or strength deficits.

**Medical Necessity:** The purpose of the FCE is to accurately determine an individual's ability to perform meaningful tasks safely and reliably, in alignment with the prescribed indication. The evaluation is based on objective performance metrics analyzed through computer-based technology, rather than observational or subjective self-reporting. Even if the patient has reached MMI at the time of this referral, this does not eliminate the need for further medical evaluation. On the contrary, the FCE is specifically intended to assess whether additional treatment is necessary. If below-normal results are identified, additional medical interventions will be necessary. Functional limitations refer to observable difficulties in performing daily tasks—whether occupational or domestic—and are assessed regardless of the individual's perceived capacity or aptitude.

**FCE for the following areas:**

Spine		Notes	Upper Extremity			Notes	Lower Extremity			Notes
				Rt	Lt			Rt	Lt	
Cervical	O		Shoulder	O	O		Hip	O	O	
Thoracic	O		Elbow	O	O		Knee	O	O	
Lumbar	O		Wrist	O	O		Ankle	O	O	

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_