

SB223 – Exposure Claims

* When in doubt concerning covered occupations, contact BWC Field Tech.

Exposure and Contact with Physical Injury	Exposure and Contact without Physical Injury	Exposure and No Contact without Physical Injury
<ul style="list-style-type: none"> Applies to a peace officer, fire fighter or EMT who has been exposed to blood or body fluid and has sustained a physical injury. 	<ul style="list-style-type: none"> Applies to a peace officer, fire fighter or EMT who has been exposed to blood or body fluid, but did not sustain a physical injury. 	<ul style="list-style-type: none"> Applies to a peace officer, fire fighter or EMT who has had an air borne expose, but did not have physical contact and did not sustain a physical injury.

Compensability

- Prior to considering any claim for SB223 Exposure, the MCS must ensure the claim is compensable by considering the current rules.
 - Jurisdiction
 - Statute of Limitations
 - Employer/Employee Relationship
 - Physical Injury
 - Accidental in Nature
 - In the Course of Employment
 - Arising Out of Employment

Checklist

The Worker:	The Worker:	The Worker:
<ul style="list-style-type: none"> Was physically injured. <input type="checkbox"/> Had other person's blood or body fluid splashed on: <ul style="list-style-type: none"> Their eyes or mouth. <input type="checkbox"/> Puncture of the skin. <input type="checkbox"/> Cut or opening in their skin (sore, etc) <input type="checkbox"/> 	<ul style="list-style-type: none"> Was NOT physically injured. <input type="checkbox"/> Had other person's blood or body fluid splashed on: <ul style="list-style-type: none"> Their eyes or mouth. <input type="checkbox"/> Puncture of the skin. <input type="checkbox"/> Cut or opening in their skin (sore, etc) <input type="checkbox"/> 	<ul style="list-style-type: none"> Was NOT physically injured. <input type="checkbox"/> DID NOT have physical contact with another person's blood or body fluid. <input type="checkbox"/> Was exposed to an air borne condition such as Tuberculosis (TB) Whooping Cough and Meningitis or other infectious disease without physical contact. with blood or body fluid <input type="checkbox"/>

Medical Claims Specialist Processing

<ul style="list-style-type: none"> Enter the occupation on V-3 as one of the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Firefighter – SB223 <input checked="" type="checkbox"/> Peace Officer – SB223 <input checked="" type="checkbox"/> EMT – SB223 Place note in V 3 , that states the following: <ul style="list-style-type: none"> <i>"SB223-Exposure Law applies to this allowed Physical Injury, but not for the exposure. Letter & fact sheet sent to IW."</i> Send IW packet that includes: <ul style="list-style-type: none"> SB223 <i>"with injury"</i> letter. BWC Initial Allowance Order. SB223 fact sheet Print order at LCSO DO NOT CONTACT HPP Systems Support (Bills will pay in any allowed Claim) 	<ul style="list-style-type: none"> Enter the occupation on V-3 as one of the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Firefighter – SB223 <input checked="" type="checkbox"/> Peace Officer – SB223 <input checked="" type="checkbox"/> EMT – SB223 Place note in V 3, that states the following: <ul style="list-style-type: none"> <i>"SB223-Exposure Law applies to this disallowed claim, but the worker did have physical contact with blood or body fluids. Letter & Fact sheet sent to IW. HPP Systems Support notified via E-mail"</i> Send IW packet that includes: <ul style="list-style-type: none"> SB223 <i>"without injury"</i> letter. SB223 Denial Order that informs the IW BWC will pay for treatment. SB 223 fact sheet Print order at LCSO CONTACT HPP Systems Support via a email titled "SB 233 Exposure", with: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> IW name <input checked="" type="checkbox"/> Claim # <input checked="" type="checkbox"/> Date of Injury 	<ul style="list-style-type: none"> Enter the occupation on V-3 as one of the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Firefighter – SB223 <input checked="" type="checkbox"/> Peace Officer – SB223 <input checked="" type="checkbox"/> EMT – SB223 Will place note in V 3, that states the following: <ul style="list-style-type: none"> <i>"This claim has been disallowed and the worker did not have physical contact with blood or body fluids. Order and Fact sheet sent to the IW."</i> Send IW packet that includes: <ul style="list-style-type: none"> <i>"No Injury & No contact"</i> letter. SB 223 fact sheet BWC Initial Denial Order with the following insert language: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <i>"The worker did not have physical contact with blood or body fluid. Your medical bills will not be paid."</i> Print order at LCSO DO NOT CONTACT HPP Systems Support. (Bills will not be paid)
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