

FAQs about Claims Subject to Senate Bill 22

For Insurance Carriers

I received a new claim that is older than one year and missed certain statutory deadlines. How do I process this claim?

Senate Bill (SB) 22 permits new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or coronavirus disease 2019 (COVID-19) claims to be submitted regardless of certain statutory time frames. You should investigate, handle, and report the claim like normal, but if the claimant meets SB 22 requirements, you must apply the statutory presumption under Texas Government Code Section 607.0545 when you process the claim. These new claims are subject to the PLN-14, *Notice of Continuing Investigation* process that permits the insurance carrier to request more time and information to complete its investigation of the claim.

I received a request to reprocess a SARS-CoV-2 or COVID-19 claim that was previously denied. What do I do?

If you received a written request to reprocess a claim, you have 60 days to review the request, investigate the claim, and either approve or deny the claim. Under SB 22, you must reprocess a claim even if:

- the claim denial was previously disputed;
- a Texas Department of Insurance, Division of Workers' Compensation (DWC) decision was issued on the dispute; or
- the claim was filed untimely.

If the claimant meets SB 22 requirements, you must apply the statutory presumption under Texas Government Code Section 607.0545 when you reprocess the claim. Use the PLN-15, *Notice of Request to Reprocess a SARS-CoV-2 or COVID-19 Claim Subject to Texas Government Code Section 607.0545*, to notify the claimant and DWC whether the claim is approved or denied and to let the claimant know how to dispute the denial if the claim is denied again.

I am reporting a new SARS-CoV-2 or COVID-19 claim subject to the presumption under SB 22 through electronic data interchange (EDI). Is there anything different I need to do when filing the EDI report?

No. File your EDI first report of injury within seven days from the date you were notified of the claim. DWC encourages workers' compensation insurance carriers to use the International Association of Industrial Accident Boards and Commissions codes for EDI

claims reports: "cause of injury" code 83 – Pandemic and "nature of injury" code 83 – COVID-19. See Commissioner's Memo dated March 27, 2020, at: www.tdi.texas.gov/wc/information/documents/update032720.pdf.

For more information, contact EDI Support at EDISupport@tdi.texas.com.

I am reporting a SARS-CoV-2 or COVID-19 claim through EDI where the injured employee requested reprocessing of a claim they already submitted. Should I use the same insurance carrier and DWC claim number?

Yes. If you are reporting a claim that you have previously reprocessed, use the same insurance carrier and DWC claim number in the EDI report.

If I reprocess a SARS-CoV-2 or COVID-19 claim with an older date of injury through EDI, will DWC consider my EDI report late?

No. Insurance carriers have up to 60 days after they receive a written request to reprocess a claim subject to SB 22 to reprocess the claim and notify the person in writing whether it will pay benefits. If the insurance carrier denies the claim, the notice must include information on how to dispute the denial. Insurance carriers have the same EDI reporting timeframes as an initial claim.

For Injured Employees

Which claims are presumed to be work-related under SB 22?

If you are a detention officer, custodial officer, firefighter, peace officer, or emergency medical technician, and you contracted SARS-CoV-2 or COVID-19 on the job after March 13, 2020, your claim may be presumed to be work-related if certain conditions are met.

What conditions must be met for my SARS-CoV-2 or COVID-19 claim to be presumed to be work-related?

Your workers' compensation claim may be presumed to be work-related if:

- you contracted SARS-CoV-2 or COVID-19 on or while employed full-time as a detention officer, custodial officer, firefighter, peace officer, or emergency medical technician;
- you worked in an area the governor designated as a [disaster](#), and you contracted SARS-CoV-2 or COVID-19 during the disaster declaration; and
- you were last on duty not more than 15 days before you were diagnosed with SARS-CoV-2 or COVID-19.

How long do I have to file a claim subject to SB 22?

You can still file a claim if you:

- contracted SARS-CoV-2 or COVID-19 on the job between March 13, 2020, and June 14, 2021;
- met the conditions of SB 22; and
- never filed a workers' compensation claim related to SARS-CoV-2 or COVID-19.

Fill out and submit [DWC Form-041, Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease](#) and send it to DWC no later than December 14, 2021.

I had a SARS-CoV-2 or COVID-19 claim, and the insurance carrier denied it. Can I refile my claim under SB 22?

If you contracted SARS-CoV-2 or COVID-19 on the job between March 13, 2020, and June 14, 2021, met the conditions of SB 22, and the insurance carrier denied your claim, you may request that the insurance carrier reprocess your claim. You must submit a written request to the insurance carrier to reprocess the claim by June 14, 2022. You may use this [sample request](#). You are not required to use this document.

Reimbursement

I have been paying medical bills out of my pocket to treat a compensable injury. Can I be reimbursed for what I have paid?

Yes. You may request reimbursement from the workers' compensation insurance carrier when you have paid for health care for your compensable injury. Send a request to the workers' compensation insurance carrier in writing. Make sure it is readable and includes documentation (such as receipts) on the amount you paid the health care provider.

What if the workers' compensation insurance carrier doesn't pay me or pays me less than the amount I requested?

You may request that DWC resolve a dispute over payment. Submit a [DWC Form-060, Medical Fee Dispute Resolution Request](#) to DWC. You must submit your request no later than 120 days from the date the workers' compensation insurance carrier denied your request for reimbursement.

What if I have questions about my dispute?

You can call CompConnection at 800-372-7713, option 3 or email mdrinquiry@tdi.texas.gov.

Does the insurance carrier have to process a partial request for reimbursement from an injured employee who paid for health care to treat SARS-CoV-2 or COVID-19 out of their pocket?

Yes. The insurance carrier must process an injured employee's reimbursement request for a partial payment or a copayment if the injured employee's claim is subject to Texas Government Code Section 607.0545 and the insurance carrier or DWC determines the claim to be compensable. The insurance carrier must either approve or deny the reimbursement request within 45 days from the date it receives the request.

Can a group health insurance plan request reimbursement from the workers' compensation insurance carrier for services paid to treat a compensable injury?

No. Texas Labor Code Sections 409.009 and 409.0091, concerning reimbursement for health care insurers who have paid for workers' compensation services, do not apply under SB 22.