



Industrial Commission of Arizona Substantive Policy Statement

Title: Accepting Medical Only Claims	Effective: August 20, 2018
Approved by the Industrial Commission: May 17, 2018	Issued: May 18, 2018

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona administrative procedure act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under Arizona Revised Statutes section 41-1033 for a review of the statement.

Accepting Medical Only Claims

Effective August 20, 2018, compensable “medical only” claims may only be accepted by using the Commission-approved Form 104 (“Notice of Claim Status”). Copies of the completed Form 104 should be promptly provided to the Claims Division of the Industrial Commission of Arizona (the “Commission”) and sent by mail to the subject employee’s last known address. The Commission will no longer recognize a notated notification list (or “informal processing”) as a proper report of a claim “for medical, surgical, or hospital benefits which are not denied” pursuant to A.R.S. § 1061(F) and (M).

The Commission’s policy is based on the statutory authority granted by A.R.S. § 23-1061(F), which states that “claims for medical, surgical and hospital benefits which are not denied shall be reported to the commission in the form and manner determined by the commission.” *See also Aldrich v. Indus. Comm’n*, 176 Ariz. 301, 305, 860 Ariz. 1354, 1358 (App. 1993) (agreeing that the Commission has the authority to determine a procedure to specify the proper form and manner of acceptance). Although the Commission has previously accepted a notated notification list as a means to accept compensable “medical only” claims, the Commission has since determined that it is in the Commission’s and its stakeholders’ interests to require that all reports to the Commission regarding accepted claims (whether or not a claim is a “medical only” claim) be submitted via Form 104—the “form” determined by the Commission—and with a copy to the subject employee—the “manner” determined by the Commission.

A.R.S. § 23-1061(F) requires that each insurance carrier and self-insuring employer report “any change in the amount of compensation” to the subject employee at a last known address. Pursuant to A.R.S. § 23-901(5), “compensation” means “the compensation and benefits provided by” Arizona’s workers’ compensation statutes. The Commission interprets “a change in the amount of compensation” to include a carrier or self-insured employer’s initial acceptance of an employee’s claim for compensation or benefits. Consequently, the statutory requirement that insurance

Substantive Policy Statement
Accepting Medical Only Claims

carriers and self-insuring employers report “any change in the amount of compensation” includes the initial acceptance of a “medical only” workers’ compensation claim. *See Aldrich*, 176 Ariz. at 306, 860 Ariz. at 1359 (finding that Courts “give great weight to an administrative agency’s interpretation of the statutes it is responsible for implementing”).

Recognizing these statutory requirements, most carriers and self-insured employers already provide employees notice of accepted “medical only” claims. Absent adequate notice, an employee may be unaware that a carrier or self-insured employer has accepted a claim as “medical only” or has otherwise limited its medical liability.