**Section 2908.70 Employer, Insurance Carrier, Managed Care Organization or Agents' Receipt of Medical Bills from Health Care Providers**

a) Upon receipt of medical bills submitted in accordance with Sections 2908.30, 2908.40 and 2908.50, a payer shall evaluate each bill's conformance with the criteria for a complete medical bill set forth in Section 8.2(d) of the Act.

1) A payer shall not reject medical bills that are complete, unless the bill is a duplicate bill.

2) Within 21 calendar days after receipt of an incomplete medical bill, a payer or its agent shall either:

A) Complete the bill by adding missing health care provider identification or demographic information already known to the payer; or

B) Reject the incomplete bill in accordance with this subsection (a).

b) The received date of an electronic medical bill is the date all of the contents of a complete electronic medical bill are successfully received by the claims payer. Transmission of an Implementation Acknowledgment (ASC X12 999) under Section 2908.40(a)(2), and acceptance of a complete, structurally correct file, serve as proof of the received date for an electronic medical bill in this subsection (b).

c) The payer may contact the medical provider to obtain the information necessary to make the bill complete.

1) Any request by the payer or its agent for additional documentation to pay a medical bill shall:

A) be made by telephone or electronic transmission unless the information cannot be sent by those media, in which case the sender shall send the information by first class mail or personal delivery;

B) be specific to the bill or the bill's related episode of care;

C) describe with specificity the clinical and other information to be included in the response;

D) be relevant and necessary for the resolution of the bill;

E) be for information that is contained in or is in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider; and

F) indicate the specific reason for which the insurance carrier is requesting the information.

2) If the payer or its agent obtains the missing information and completes the bill to the point it can be adjudicated for payment, the payer shall document the name and telephone number of the person who supplied the information.

3) Payers shall maintain documentation of any pertinent internal or external communications that are necessary to make the medical bill complete.

d) A payer shall not return a medical bill except as provided in subsection (a). When rejecting or denying an electronic medical bill, the payer shall provide written notification in the form of an explanation of benefits and clearly identify the reasons for the bill's rejection or denial by utilizing the appropriate Reason and Rejection Code identified in the standards incorporated by reference in Section 2908.40.

e) The rejection of an incomplete medical bill in accordance with this Section fulfills the obligation of the payer to provide to the health care provider or its agent information related to the incompleteness of the bill.

f) Payers shall timely reject incomplete bills or request additional information needed to reasonably determine the amount payable.

1) For bills submitted electronically, the rejection of the entire bill or the rejection of specific service lines included in the initial bill shall be sent to the submitter within two business days after receipt.

2) If bills are submitted in a batch transmission, only the specific bills failing edits shall be rejected.

3) If there is a technical defect within the transmission itself that prevents the bills from being accessed or processed, the transmission will be rejected with a TA1 and/or a 999 transaction, as appropriate.

g) If a payer has reason to challenge the coverage or amount of a specific line item on a bill, but has no reasonable basis for objections to the remainder of the bill, the uncontested portion must be paid timely, as defined in subsection (h).

h) Payment of all uncontested portions of a complete medical bill shall be made within 30 days after receipt of the original bill or receipt of additional information requested by the payer allowed under the law. Amounts paid after this 30 day review period will accrue an interest penalty of one percent per month after the due date. The interest payment must be made at the same time as the medical bill payment.

i) A payer shall not reject or deny a medical bill except as provided in this Section. When rejecting or denying a medical bill, the payer shall also communicate the reasons for the medical bill's rejection or denial.

(Source: Amended at 43 Ill. Reg. 9237, effective August 19, 2019)