

# SB3278



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

SB3278

Introduced 2/6/2024, by Sen. Dave Syverson

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/355d new

Amends the Illinois Insurance Code. Provides that no insurer, dental service plan corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance that provides dental insurance on or after the effective date of the amendatory Act shall deny any claim subsequently submitted for procedures specifically included in a prior authorization unless certain circumstances apply. Provides that a dental service contractor shall not recoup a claim solely due to a loss of coverage for a patient or ineligibility if, at the time of treatment, the dental service contractor erroneously confirmed coverage and eligibility, but had sufficient information available to the dental service contractor indicating that the patient was no longer covered or was ineligible for coverage. Prohibits waiver of the provisions by contract.

LRB103 37763 RPS 67892 b

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by  
5 adding Section 355d as follows:

6 (215 ILCS 5/355d new)

7 Sec. 355d. Denials of claims submitted after prior  
8 authorization.

9 (a) As used in this Section, "prior authorization" means  
10 any predetermination, prior authorization, or similar  
11 authorization that is verifiable, whether through issuance or  
12 letter, facsimile, email, or similar means, indicating that a  
13 specific procedure is, or multiple procedures are, covered  
14 under the patient's dental plan and reimbursable at a specific  
15 amount, subject to applicable coinsurance and deductibles, and  
16 issued in response to a request submitted by a dentist using a  
17 format prescribed by the insurer.

18 (b) No insurer, dental service plan corporation, insurance  
19 network leasing company, or any company that amends, delivers,  
20 issues, or renews an individual or group policy of accident  
21 and health insurance on or after the effective date of this  
22 amendatory Act of the 103rd General Assembly that provides  
23 dental insurance shall deny any claim subsequently submitted

1 for procedures specifically included in a prior authorization  
2 unless at least one of the following circumstances applies for  
3 each procedure denied:

4 (1) benefit limitations, such as annual maximums and  
5 frequency limitations, that were not applicable at the  
6 time of the prior authorization are reached due to  
7 utilization after issuance of the prior authorization;

8 (2) the documentation for the claim provided by the  
9 person submitting the claim clearly fails to support the  
10 claim as originally authorized;

11 (3) if, after the issuance of the prior authorization,  
12 new procedures are provided to the patient or a change in  
13 the condition of the patient occurs such that the prior  
14 authorized procedure would no longer be considered  
15 medically necessary based on the prevailing standard of  
16 care;

17 (4) if, after the issuance of the prior authorization,  
18 new procedures are provided to the patient or a change in  
19 the condition of the patient occurs such that the prior  
20 authorized procedure would, at that time, require  
21 disapproval pursuant to the terms and conditions for  
22 coverage under the plan for the patient in effect at the  
23 time the prior authorization was used; or

24 (5) the claim was denied by a dental service  
25 contractor due to one of the following reasons:

26 (A) another payor is responsible for the payment;

1           (B) the dentist has already been paid for the  
2           procedures identified on the claim;

3           (C) the claim was submitted fraudulently or the  
4           prior authorization was based in whole or material  
5           part on erroneous information provided to the insurer,  
6           dental service plan corporation, insurance network  
7           leasing company, or company that amends, delivers,  
8           issues, or renews an individual or group policy of  
9           accident and health insurance that provides dental  
10           insurance; or

11           (D) the person receiving the procedure was not  
12           eligible for the procedure on the date of service and  
13           the dental service contractor did not know, and with  
14           the exercise of reasonable care could not have known,  
15           that person's eligibility status.

16           A dental service contractor shall not recoup a claim  
17           solely due to a loss of coverage of a patient or ineligibility  
18           if, at the time of treatment, the dental service contractor  
19           erroneously confirmed coverage and eligibility, but had  
20           sufficient information available to the dental service  
21           contractor indicating that the patient was no longer covered  
22           or was ineligible for coverage.

23           (c) The provisions of this Section may not be waived by  
24           contract. Any contractual arrangement in conflict with the  
25           provisions of this Section or that purports to waive any  
26           requirement of this Section is null and void.