

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 State Employees Group Insurance Act of 1971  
5 is amended by changing Section 6.11A as follows:

6 (5 ILCS 375/6.11A)

7 Sec. 6.11A. Physical therapy and occupational therapy.

8 (a) The program of health benefits provided under this Act  
9 shall provide coverage for medically necessary physical  
10 therapy and occupational therapy when that therapy is ordered  
11 for the treatment of autoimmune diseases or referred for the  
12 same purpose by (i) a physician licensed under the Medical  
13 Practice Act of 1987, (ii) a physician's assistant licensed  
14 under the Physician's Assistant Practice Act of 1987, or (iii)  
15 an advanced practice nurse licensed under the Nurse Practice  
16 Act. Physical therapy benefits provided for persons affected by  
17 multiple sclerosis shall be governed by the Illinois Essential  
18 Health Benefits plan.

19 (b) For the purpose of this Section, "medically necessary"  
20 means any care, treatment, intervention, service, or item that  
21 will or is reasonably expected to:

22 (i) prevent the onset of an illness, condition, injury,  
23 disease, or disability;

1           (ii) reduce or ameliorate the physical, mental, or  
2           developmental effects of an illness, condition, injury,  
3           disease, or disability; or

4           (iii) assist the achievement or maintenance of maximum  
5           functional activity in performing daily activities.

6           (c) The coverage required under this Section shall be  
7           subject to the same deductible, coinsurance, waiting period,  
8           cost sharing limitation, treatment limitation, calendar year  
9           maximum, or other limitations as provided for other physical or  
10          rehabilitative or occupational therapy benefits covered by the  
11          policy.

12          (d) Upon request of the reimbursing insurer, the provider  
13          of the physical therapy or occupational therapy shall furnish  
14          medical records, clinical notes, or other necessary data that  
15          substantiate that initial or continued treatment is medically  
16          necessary. When treatment is anticipated to require continued  
17          services to achieve demonstrable progress, the insurer may  
18          request a treatment plan consisting of the diagnosis, proposed  
19          treatment by type, proposed frequency of treatment,  
20          anticipated duration of treatment, anticipated outcomes stated  
21          as goals, and proposed frequency of updating the treatment  
22          plan.

23          (e) When making a determination of medical necessity for  
24          treatment, an insurer must make the determination in a manner  
25          consistent with the manner in which that determination is made  
26          with respect to other diseases or illnesses covered under the

1 policy, including an appeals process. During the appeals  
2 process, any challenge to medical necessity may be viewed as  
3 reasonable only if the review includes a licensed health care  
4 professional with the same category of license as the  
5 professional who ordered or referred the service in question  
6 and with expertise in the most current and effective treatment.  
7 (Source: P.A. 96-1227, eff. 1-1-11; 97-604, eff. 8-26-11.)