



Rep. Robert "Bob" Rita

Filed: 4/2/2025

10400HB1864ham001

LRB104 06097 BAB 24629 a

1 AMENDMENT TO HOUSE BILL 1864

2 AMENDMENT NO. _____. Amend House Bill 1864 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Uniform Electronic Transactions in Dental
5 Care Billing Act is amended by changing Sections 5, 15, 20, and
6 25 and by adding Sections 30, 35, and 40 as follows:

7 (215 ILCS 111/5)

8 Sec. 5. Purpose. The purpose of this Act is to standardize
9 the forms used in the billing and reimbursement of dental
10 care, reduce the number of forms used, increase efficiency in
11 the reimbursement of dental care through standardization, and
12 encourage the use of and prescribe a timetable for
13 implementation of a secure electronic data interchange of
14 dental care expenses and reimbursement.

15 (Source: P.A. 102-146, eff. 7-23-21.)

1 (215 ILCS 111/15)

2 Sec. 15. Definitions. As used in this Act:

3 "Department" means the Department of Insurance.

4 "Director" means the Director of Insurance.

5 "Dental care provider" means a dentist who bills for
6 services in Illinois.

7 "Dental plan carrier" means an entity subject to the
8 insurance laws and regulations of this State or subject to the
9 jurisdiction of the Director that contracts or offers to
10 contract to provide, deliver, arrange for, pay for, or
11 reimburse any of the costs of dental care services, including
12 an accident and health insurance company, a health maintenance
13 organization, a limited health service organization, a dental
14 service plan corporation, a health services plan corporation,
15 a voluntary health services plan, or any other entity
16 providing a plan of dental insurance, dental benefits, or
17 dental health care services.

18 "Portal" means a website or reasonably similar method of
19 sharing information that: (i) is compliant with the federal
20 Health Insurance Portability and Accountability Act of 1996
21 and the regulations promulgated thereunder, and (ii) provides
22 resources and information to dental care providers and
23 subscribers.

24 (Source: P.A. 102-146, eff. 7-23-21.)

25 (215 ILCS 111/20)

1 Sec. 20. Uniform electronic claims and eligibility
2 transactions required.

3 (a) Beginning January 1, 2027 ~~2026~~, no dental plan carrier
4 is required to accept from a dental care provider eligibility
5 for a dental plan transaction or dental care claims or
6 equivalent encounter information transaction except as
7 provided in this Act.

8 (b) All dental plan carriers and dental care providers
9 must exchange claims and eligibility information
10 electronically using the standard electronic data interchange
11 transactions for claims submissions, payments, and
12 verification of benefits required under the Health Insurance
13 Portability and Accountability Act in order to be compensable
14 by the dental plan carrier.

15 (c) All dental plan carriers and dental care providers
16 must comply with applicable State and federal privacy and
17 security laws, and regulations when conducting the exchange of
18 information under this Act.

19 (Source: P.A. 102-146, eff. 7-23-21; 103-705, eff. 7-19-24.)

20 (215 ILCS 111/25)

21 Sec. 25. Rules; modification of rules.

22 (a) The Department may ~~shall~~ adopt rules as necessary to
23 implement this Act and may establish further exemptions to
24 this Act by rule.

25 (b) A dental plan carrier or dental care provider may not

1 add to or modify the uniform electronic claims and eligibility
2 requirements adopted by the Department.

3 (Source: P.A. 102-146, eff. 7-23-21.)

4 (215 ILCS 111/30 new)

5 Sec. 30. Exemptions.

6 (a) Notwithstanding any other provision of this Act, a
7 dental care provider shall not be required to submit claims
8 electronically under any of the following circumstances:

9 (1) There is a temporary technological event, due to
10 unforeseen practice disruptions, including, but not
11 limited to, natural disasters, physical damage to the
12 practice, or damage to the data system that prevents a
13 claim from being submitted electronically for more than 14
14 days.

15 (2) The dental care provider plans to retire prior to
16 January 1, 2031.

17 (3) A dental care provider works less than 20 hours
18 per week and is a solo practitioner.

19 (4) The dental care provider is a dental care provider
20 who is temporarily operating a practice for another dental
21 care provider who is unable to practice.

22 (b) A dental care provider who is exempted from filing
23 claims electronically under this Section shall file a form
24 with the Department indicating the applicable exemption. The
25 Department shall provide the form no later than January 1,

1 2027.

2 (c) Any dental care provider that starts a dental care
3 practice or purchases a practice and who was previously
4 exempted from the requirements of this Act shall have 2 years
5 from the date the practice is started or purchased to comply
6 with this Act.

7 (215 ILCS 111/35 new)

8 Sec. 35. Eligibility and benefit verification portal.

9 (a) Each dental plan carrier shall establish a portal as
10 described in this Section and shall include information about
11 each type of subscription contract that is sufficient to allow
12 subscribers and dental care providers to determine the covered
13 services under each subscription contract and the payment or
14 reimbursement amounts for those covered services at the
15 procedure level. The information in the portal shall include
16 the following, as appropriate:

17 (1) Effective date of plan.

18 (2) Termination date of plan.

19 (3) Coordination of benefits; standard or
20 non-duplicating.

21 (4) Claim address.

22 (5) Payer identification.

23 (6) Covered services.

24 (7) Whether a deductible applies and to which
25 services.

- 1 (8) Remaining deductible: family.
- 2 (9) Remaining deductible: individual.
- 3 (10) In-network coinsurance percentage.
- 4 (11) Out-of-network coinsurance percentage.
- 5 (12) Remaining plan maximum.
- 6 (13) Remaining lifetime maximum, if applicable.
- 7 (14) Previous 12 months of claim payments applied to
8 the member's annual maximum or deductible to help
9 determine if a benefit has been used outside of the
10 primary office.
- 11 (15) Age limitation.
- 12 (16) Frequency limit by time period.
- 13 (17) Frequency limit by tooth number.
- 14 (18) Next available service date or previous service
15 dates based on any frequency limit due to prior treatment
16 history or added custom benefits, such as medical
17 conditions and roll-over.
- 18 (19) Number of quads benefited per visit if a specific
19 benefit limitation exists that may limit the number of
20 quads treated and services rendered per visit.
- 21 (20) Waiting period due to preexisting condition or
22 missing tooth limitation.
- 23 (21) Prior authorization requirements.
- 24 (22) A comprehensive list (or procedure code level
25 lookup tool) of all current American Dental Association
26 CDT Codes stating if they are covered, the percentage of

1 coverage, and if there are any conditions that preclude
2 coverage.

3 (b) At minimum, the portal shall provide current and
4 accurate real-time benefit eligibility and benefits
5 information. It is the responsibility of the dental plan
6 carrier to ensure patient eligibility and benefits reporting
7 is timely and accurate.

8 (c) A dental plan carrier must ensure that the portal:

9 (1) is compliant with the federal Health Insurance
10 Portability and Accountability Act of 1996 and the
11 regulations promulgated thereunder and allows dental care
12 providers to submit claims electronically and directly to
13 the dental plan carrier. The portal shall be provided free
14 of charge to the dental care provider;

15 (2) accepts attachments, including, but not limited
16 to, x-rays and other supporting information for claims, in
17 an electronic format with the initial electronic claim's
18 submission and any further submissions thereafter; and

19 (3) offers remittance advice with the corresponding
20 payment that outlines individually per claim: the name of
21 the patient; the date of service; the service code or, if
22 no service code is available, a service description; the
23 amount being paid; the claim number; and other identifying
24 claim information found on an explanation of benefits
25 form.

1 (215 ILCS 111/40 new)

2 Sec. 40. Payment. Nothing in this Act requires a dental
3 care provider to only accept electronic payment from a dental
4 plan carrier.

5 Section 99. Effective date. This Act takes effect upon
6 becoming law, except that Sections 30, 35, and 40 of the
7 Uniform Electronic Transactions in Dental Care Billing Act
8 take effect January 1, 2027."