

## WORKERS' COMPENSATION COMMISSION

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Miscellaneous
- 2) Code Citation: 50 Ill. Adm. Code 9110
- 3) Section Numbers: 9110.100                      Proposed Action:  
New Section
- 4) Statutory Authority: Implementing and authorized by Section 8.2(d) of the Illinois Workers' Compensation Act [820 ILCS 305].
- 5) A Complete Description of the Subjects and Issues Involved: The proposed rules are designed to implement the rulemaking mandate placed on the Illinois Workers' Compensation Commission by Public Act 100-1117 to set the standard for necessary data elements to be included in a payor's Explanation of Benefits to be issued upon denial of a bill.
- 6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking neither creates nor expands any state mandates on units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

The Commission will accept written public comments on this proposal for a period of at least 45 days after the date of publication in the *Illinois Register*.

Interested persons should present their comments concerning this rulemaking to the Commission's General Counsel:

**NON-APPROVED PRE-DRAFT**

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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: It is anticipated that the proposed changes will have a minimum impact on the regulated industry.
  - B) Reporting, bookkeeping or other procedures required for compliance: Payors wishing to deny payment of a relevant bill or part thereof (a claim for payment of workers' compensation medical benefits) will be required to create and issue an explanation of benefits to the medical provider in compliance with Section 8.2(d) and this Part.
  - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: It is anticipated that the proposed changes will have a minimum impact on small businesses.
- 15) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on a regulatory agenda because the need for it was not anticipated at the time agendas were published.

The full text of the Proposed Rules begins on the next page:

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## TITLE 50: INSURANCE

## CHAPTER VI: ILLINOIS WORKERS' COMPENSATION COMMISSION

PART 9110  
MISCELLANEOUS

|          |  |
|----------|--|
| Section  |  |
| 9110.5   | Definitions  |
| 9110.10  | Vocational rehabilitation  |
| 9110.20  | Petitions under Sections 19(h), 8(a), and 7(a) of the Act  |
| 9110.30  | Commission meetings: minutes   |
| 9110.40  | Petition to suspend compensation for failure to submit to proper medical treatment   |
| 9110.50  | Petitions under Section 19(o) of the Act   |
| 9110.60  | Distribution of Commission handbook  |
| 9110.70  | Explanation of basis of non-payment, termination or suspension of temporary total compensation or denial of liability or further responsibility for medical care |
| 9110.80  | Rate Adjustment Fund and Second Injury Fund contributions: compliance  |
| 9110.90  | Illinois Workers' Compensation Commission medical fee schedule   |
| 9110.100 | <a href="#">Explanations of Benefits</a>   |

AUTHORITY: Implementing and authorized by the Illinois Workers' Compensation Act [820 ILCS 305].

SOURCE: Filed and effective March 1, 1977; amended at 5 Ill. Reg. 5533, effective May 12, 1981; amended at 6 Ill. Reg. 8040, effective July 1, 1982; codified at 7 Ill. Reg. 2352; emergency amendment at 14 Ill. Reg. 4929, effective March 9, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13161, effective August 1, 1990; emergency amendment at 30 Ill. Reg. 1912, effective February 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 11743, effective June 22, 2006; amended at 33 Ill. Reg. 2850, effective February 1, 2009; emergency amendment at 34 Ill. Reg. 10222, effective July 6, 2010, for a maximum of 150 days; emergency rule repealed by emergency amendment at 34 Ill. Reg. 17471, effective October 28, 2010, for the remainder of the 150 days; amended at 36 Ill. Reg. 16349, effective November 5, 2012; recodified from 50 Ill. Adm. Code 7110 to 50 Ill. Adm. Code 9110 at 39 Ill. Reg. 9616; amended at 40 Ill. Reg. 15823, effective November 9, 2016; amended at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

### [Section 9110.100 Explanations of Benefits](#)

- a) [In Section 8.2\(d\) of the Act “\*explanation of benefits explaining the basis for the denial and describing any additional necessary data elements\*” means an](#)

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Electronic Remittance Advice (ERA) or Standard Paper Remittance (SPR) that contains all the relevant data elements set forth in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Payment/Advice (835), April 2006, ASC X12N/005010X221 (no later amendments or editions); and Type 3 Errata to Health Care Claim Payment/Advice (835), June 2010, ASC X12/005010X221A1 (no later amendments or editions) including the appropriate Group Claim Adjustment Reason Codes, Claim Adjustment Reason Codes (CARC) and associated Remittance Advice Remark Codes (RARC) as specified by the ASC X12 Technical Report Type 2 (TR2) Workers' Compensation Code Usage Section for pharmacy charges, the NCPDP Reject Codes; National Council for Prescription Drug Programs, 9240 East Raintree Drive, Scottsdale AZ 85260 ([http://www.ncdp.org/standards\\_info.aspx](http://www.ncdp.org/standards_info.aspx)) (July 2012, no later amendments or editions), denoting the reason for payment, adjustment or denial.

- b) A paper explanation of benefits or Standard Paper Remittance must also prominently contain all information necessary to match the explanation of benefits with the associated medical bill. The list of all required data elements for a paper explanation of benefits is published on the Internet at no charge to the user via a link from the Commission's website at [www.iwcc.il.gov](http://www.iwcc.il.gov).
- c) The implementation specifications for the ASC X12N and the ASC X12 Standards for Electronic Data Interchange may be obtained from the ASC X12, 7600 Leesburg Pike, Suite 430, Falls Church VA 22043; Telephone (703) 970-4480 and FAX (703) 970-4488. They are also available through the Internet at <http://store.x12.org/>. A fee is charged for all implementation specifications.
- d) No party shall reject a standard paper or electronic transaction on the basis that it contains data elements not needed or used by the party or its agent or that the paper or electronic transaction includes data elements that exceed those required for a complete bill.
- e) Employers or payers and health care providers may exchange data for medical bills and explanations of benefits in a nonprescribed format by mutual agreement. All data elements required pursuant to this Section shall be present in a mutually agreed upon format.

(Source: Added at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)