

§ 160.104

45 CFR Subtitle A (10-1-00 Edition)

(10) The veterans health care program under 38 U.S.C. chapter 17.

(11) The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), as defined in 10 U.S.C. 1072(4).

(12) The Indian Health Service program under the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*).

(13) The Federal Employees Health Benefit Program under 5 U.S.C. 8902 *et seq.*

(14) An approved State child health plan under title XXI of the Act, providing benefits that meet the requirements of section 2103 of the Act, 42 U.S.C. 1397 *et seq.*

(15) The Medicare + Choice program under part C of title XVIII of the Act, 42 U.S.C. 1395w-21 through 1395w-28.

(16) Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care (as defined in section 2791(a)(2) of the PHS Act, 42 U.S.C. 300gg-91(a)(2)).

*Implementation specification* means the specific instructions for implementing a standard.

*Modify or modification* refers to a change adopted by the Secretary, through regulation, to a standard or an implementation specification.

*Secretary* means the Secretary of Health and Human Services or any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

*Small health plan* means a health plan with annual receipts of \$5 million or less.

*Standard* means a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices:

- (1) Classification of components.
- (2) Specification of materials, performance, or operations.
- (3) Delineation of procedures.

*Standard setting organization (SSO)* means an organization accredited by the American National Standards Institute that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of, this part.

*State* refers to one of the following:

(1) For health plans established or regulated by Federal law, State has the meaning set forth in the applicable section of the United States Code for each health plan.

(2) For all other purposes, State means the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, and Guam.

*Trading partner agreement* means an agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. (For example, a trading partner agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a standard transaction.)

*Transaction* means the exchange of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information exchanges:

- (1) Health care claims or equivalent encounter information.
- (2) Health care payment and remittance advice.
- (3) Coordination of benefits.
- (4) Health care claim status.
- (5) Enrollment and disenrollment in a health plan.
- (6) Eligibility for a health plan.
- (7) Health plan premium payments.
- (8) Referral certification and authorization.
- (9) First report of injury.
- (10) Health claims attachments.
- (11) Other transactions that the Secretary may prescribe by regulation.

*Workforce* means employees, volunteers, trainees, and other persons under the direct control of a covered entity, whether or not they are paid by the covered entity.

§ 160.104 **Modifications.**

(a) Except as provided in paragraph (b) of this section, the Secretary may adopt a modification to a standard or implementation specification adopted under this subchapter no more frequently than once every 12 months.

(b) The Secretary may adopt a modification at any time during the first

year after the standard or implementation specification is initially adopted, if the Secretary determines that the modification is necessary to permit compliance with the standard.

(c) The Secretary establishes the compliance date for any standard or implementation specification modified under this section.

(1) The compliance date for a modification is no earlier than 180 days after the effective date of the final rule in which the Secretary adopts the modification.

(2) The Secretary may consider the extent of the modification and the time needed to comply with the modification in determining the compliance date for the modification.

(3) The Secretary may extend the compliance date for small health plans, as the Secretary determines is appropriate.

**Subpart B—[Reserved]**

**PART 162—ADMINISTRATIVE REQUIREMENTS**

**Subpart A—General Provisions**

- Sec.
- 162.100 Applicability.
- 162.103 Definitions.

**Subparts B–H—[Reserved]**

**Subpart I—General Provisions for Transactions**

- 162.900 Compliance dates of the initial implementation of the code sets and transaction standards.
- 162.910 Maintenance of standards and adoption of modifications and new standards.
- 162.915 Trading partner agreements.
- 162.920 Availability of implementation specifications.
- 162.923 Requirements for covered entities.
- 162.925 Additional requirements for health plans.
- 162.930 Additional rules for health care clearinghouses.
- 162.940 Exceptions from standards to permit testing of proposed modifications.

**Subpart J—Code Sets**

- 162.1000 General requirements.
- 162.1002 Medical data code sets.
- 162.1011 Valid code sets.

**Subpart K—Health Care Claims or Equivalent Encounter Information**

- 162.1101 Health care claims or equivalent encounter information transaction.
- 162.1102 Standards for health care claims or equivalent encounter information.

**Subpart L—Eligibility for a Health Plan**

- 162.1201 Eligibility for a health plan transaction.
- 162.1202 Standards for eligibility for a health plan.

**Subpart M—Referral Certification and Authorization**

- 162.1301 Referral certification and authorization transaction.
- 162.1302 Standard for referral certification and authorization.

**Subpart N—Health Care Claim Status**

- 162.1401 Health care claim status transaction.
- 162.1402 Standard for health care claim status.

**Subpart O—Enrollment and Disenrollment in a Health Plan**

- 162.1501 Enrollment and disenrollment in a health plan transaction.
- 162.1502 Standard for enrollment and disenrollment in a health plan.

**Subpart P—Health Care Payment and Remittance Advice**

- 162.1601 Health care payment and remittance advice transaction.
- 162.1602 Standards for health care payment and remittance advice.

**Subpart Q—Health Plan Premium Payments**

- 162.1701 Health plan premium payments transaction.
- 162.1702 Standard for health plan premium payments.

**Subpart R—Coordination of Benefits**

- 162.1801 Coordination of benefits transaction.
- 162.1802 Standards for coordination of benefits.

AUTHORITY: Secs. 1171 through 1179 of the Social Security Act (42 U.S.C. 1320d–1320d–8), as added by sec. 262 of Pub. L. 104–191, 110 Stat. 2021–2031, and sec. 264 of Pub. L. 104–191, 110 Stat. 2033–2034 (42 U.S.C. 1320d–2 (note)).

SOURCE: 65 FR 50367, Aug. 17, 2000, unless otherwise noted.