

## § 162.1202

health plan to another health plan, to obtain any of the following information about a benefit plan for an enrollee:

- (1) Eligibility to receive health care under the health plan.
  - (2) Coverage of health care under the health plan.
  - (3) Benefits associated with the benefit plan.
- (b) A response from a health plan to a health care provider's (or another health plan's) inquiry described in paragraph (a) of this section.

### § 162.1202 Standards for eligibility for a health plan.

The Secretary adopts the following standards for the eligibility for a health plan transaction:

- (a) *Retail pharmacy drugs*. The NCPDP Telecommunication Standard Implementation Guide, Version 5 Release 1, September 1999, and equivalent NCPDP Batch Standard Batch Implementation Guide, Version 1 Release 0, February 1, 1996. The implementation specifications are available at the addresses specified in § 162.920(a)(2).
- (b) *Dental, professional, and institutional*. The ASC X12N 270/271-Health Care Eligibility Benefit Inquiry and Response, Version 4010, May 2000, Washington Publishing Company, 004010X092. The implementation specification is available at the addresses specified in § 162.920(a)(1).

## Subpart M—Referral Certification and Authorization

### § 162.1301 Referral certification and authorization transaction.

The referral certification and authorization transaction is any of the following transmissions:

- (a) A request for the review of health care to obtain an authorization for the health care.
- (b) A request to obtain authorization for referring an individual to another health care provider.
- (c) A response to a request described in paragraph (a) or paragraph (b) of this section.

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

### § 162.1302 Standard for referral certification and authorization.

The Secretary adopts the ASC X12N 278—Health Care Services Review—Request for Review and Response, Version 4010, May 2000, Washington Publishing Company, 004010X094 as the standard for the referral certification and authorization transaction. The implementation specification is available at the addresses specified in § 162.920(a)(1).

## Subpart N—Health Care Claim Status

### § 162.1401 Health care claim status transaction.

A health care claim status transaction is the transmission of either of the following:

- (a) An inquiry to determine the status of a health care claim.
- (b) A response about the status of a health care claim.

### § 162.1402 Standard for health care claim status.

The Secretary adopts the ASC X12N 276/277 Health Care Claim Status Request and Response, Version 4010, May 2000, Washington Publishing Company, 004010X093 as the standard for the health care claim status transaction. The implementation specification is available at the addresses specified in § 162.920(a)(1).

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

### § 162.1501 Enrollment and disenrollment in a health plan transaction.

The enrollment and disenrollment in a health plan transaction is the transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.

### § 162.1502 Standard for enrollment and disenrollment in a health plan.

The Secretary adopts the ASC X12N 834—Benefit Enrollment and Maintenance, Version 4010, May 2000, Washington Publishing Company, 004010X095 as the standard for the enrollment and