(3) National Drug Codes (NDC), as maintained and distributed by HHS, in collaboration with drug manufacturers, for the following:
   (i) Drugs
   (ii) Biologics.
(4) Code on Dental Procedures and Nomenclature, as maintained and distributed by the American Dental Association, for dental services.
(5) The combination of Health Care Financing Administration Common Procedure Coding System (HCPCS), as maintained and distributed by HHS, and Current Procedural Terminology, Fourth Edition (CPT–4), as maintained and distributed by the American Medical Association, for physician services and other health care services. These services include, but are not limited to, the following:
   (i) Physician services.
   (ii) Physical and occupational therapy services.
   (iii) Radiologic procedures.
   (iv) Clinical laboratory tests.
   (v) Other medical diagnostic procedures.
   (vi) Hearing and vision services.
   (vii) Transportation services including ambulance.
(6) The Health Care Financing Administration Common Procedure Coding System (HCPCS), as maintained and distributed by HHS, for all other substances, equipment, supplies, or other items used in health care services. These items include, but are not limited to, the following:
   (i) Medical supplies.
   (ii) Orthotic and prosthetic devices.
   (iii) Durable medical equipment.
(b) For the period on and after October 16, 2003 through September 30, 2013:
   (1) The code sets specified in paragraphs (a)(4), (a)(5), (b)(2), and (b)(3) of this section.
(2) International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) (including The Official ICD–10–CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions:
   (i) Diseases.
   (ii) Injuries.
   (iii) Impairments.
   (iv) Other health problems and their manifestations.
   (v) Causes of injury, disease, impairment, or other health problems.
(3) International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) (including The Official ICD–10–PCS Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals:
   (i) Prevention.
   (ii) Diagnosis.
   (iii) Treatment.
   (iv) Management.

§ 162.1101 Valid code sets.
Each code set is valid within the dates specified by the organization responsible for maintaining that code set.

Subpart K—Health Care Claims or Equivalent Encounter Information

§ 162.1101 Health care claims or equivalent encounter information transaction.
The health care claims or equivalent encounter information transaction is the transmission of either of the following: