§ 162.1401

Subpart N—Health Care Claim Status

§ 162.1401 Health care claim status transaction.

The health care claim status transaction is the transmission of either of the following:
(a) An inquiry from a health care provider to a health plan to determine the status of a health care claim.
(b) A response from a health plan to a health care provider about the status of a health care claim.

[74 FR 3126, Jan. 16, 2009]

§ 162.1402 Standards for health care claim status transaction.

The Secretary adopts the following standards for the health care claim status transaction:
(b) For the period from March 17, 2009 through December 31, 2011, both:
(1) The standard identified in paragraph (a) of this section; and
(c) For the period on and after January 1, 2012, the standard identified in paragraph (b)(2) of this section.

[74 FR 3126, Jan. 16, 2009]

§ 162.1403 Operating rules for health care claim status transaction.

On and after January 1, 2013, the Secretary adopts the following:
(a) Except as specified in paragraph (b) of this section, the following CAQH CORE Phase II operating rules (updated for Version 5010) for the health care claim status transaction:
(2) Phase II CORE 270: Connectivity Rule, version 2.2.0, March 2011. (Incorporated by reference in §162.920.)
(b) Excluding where the CAQH CORE rules reference and pertain to acknowledgements and CORE certification.
[76 FR 40496, July 8, 2011]

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 from the sponsor of the insurance coverage, benefits, or policy, to a health plan to establish or terminate insurance coverage.

[74 FR 3327, Jan. 16, 2009]

§ 162.1502 Standards for enrollment and disenrollment in a health plan transaction.

The Secretary adopts the following standards for enrollment and disenrollment in a health plan transaction.
(b) For the period from March 17, 2009 through December 31, 2011, both:
(1) The standard identified in paragraph (a) of this section; and
(2) The ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Benefit Enrollment and Maintenance (834), August 2006, ASC X12N/005010X220. (Incorporated by reference in §162.920.)

[76 FR 40496, July 8, 2011]