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.


EFFECTIVE DATE NOTE: At 77 FR 54720, Sept. 5, 2012, §162.1002 was amended by revising paragraph (b) introductory text and paragraph (c) introductory text, effective Nov. 9, 2012. For the convenience of the user, the revised text is set forth as follows:

§ 162.1002 Medical data code sets.

* * * *

(b) For the period on and after October 16, 2003 through September 30, 2014:

* * * *

(c) For the period on and after October 1, 2014:

* * * *

§ 162.1011 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:

(a) A request to obtain payment, and the necessary accompanying information from a health care provider to a health plan, for health care.

(b) If there is no direct claim, because the reimbursement contract is based on a mechanism other than charges or reimbursement rates for specific services, the transaction is the transmission of encounter information for the purpose of reporting health care.

§ 162.1102 Standards for health care claims or equivalent encounter information transaction.

The Secretary adopts the following standards for the health care claims or equivalent encounter information transaction:

(a) For the period from October 16, 2003 through March 16, 2009:


