§ 162.1602 Standards for health care electronic funds transfers (EFT) and remittance advice transaction.

The Secretary adopts the following:
(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)
(c) For the period on and after January 1, 2012, the standard identified in paragraph (b)(2) of this section.

[74 FR 3327, Jan. 16, 2009]
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(b) For the period from March 17, 2009 through December 31, 2011, both of the following standards:
(1) The standard identified in paragraph (a) of this section.
(2) The ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Claim Payment/Advice (835), April 2006, ASC X12N/005010X221. (Incorporated by reference in §162.920.)
(c) For the period from January 1, 2012 through December 31, 2013, the standard identified in paragraph (b)(2) of this section.
(d) For the period on and after January 1, 2014, the following standards:
(1) Except when transmissions as described in §162.1601(a) and (b) are contained within the same transmission, for Stage 1 Payment Initiation transmissions described in §162.1601(a), all of the following standards:
(i) The National Automated Clearing House Association (NACHA) Corporate Credit or Deposit Entry with Addenda Record (CCD+) implementation specifications as contained in the 2011 NACHA Operating Rules & Guidelines, A Complete Guide to the Rules Governing the ACH Network as follows (incorporated by reference in §162.920)—
(A) NACHA Operating Rules, Appendix One: ACH File Exchange Specifications; and
(B) NACHA Operating Rules, Appendix Three: ACH Record Format Specifications, Subpart 3.1.8 Sequence of Records for CCD Entries.
(ii) For the CCD Addenda Record ("T"), field 3, of the standard identified in §162.1601(a) and (b) are contained within the same transmission, for Stage 1 Payment Initiation transmissions described in §162.1601(a), all of the following standards:

§ 162.1603  
Operating rules for health care electronic funds transfers (EFT) and remittance advice transactions.

On and after January 1, 2014, the Secretary adopts the following for the health care electronic funds transfers (EFT) and remittance advice transaction:
(a) The Phase III CORE EFT & ERA Operating Rule Set, Approved June 2012 (Incorporated by reference in §162.920) which includes the following rules:
(1) Phase III CORE 380 EFT Enrollment Data Rule, version 3.0.0, June 2012.
(2) Phase III CORE 382 ERA Enrollment Data Rule, version 3.0.0, June 2012.
(3) Phase III 360 CORE Uniform Use of CARCs and RARCs (835) Rule, version 3.0.0, June 2012.
(4) CORE-required Code Combinations for CORE-defined Business Scenarios for the Phase III CORE 360 Uniform Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835) Rule, version 3.0.0, June 2012.
(5) Phase III CORE 370 EFT & ERA Reassociation (CCD+/835) Rule, version 3.0.0, June 2012.
(6) Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule, version 3.0.0, June 2012, except Requirement 4.2 titled “Health Care Claim Payment/Advice Batch Acknowledgement Requirements”.
(b) ACME Health Plan, CORE v5010 Master Companion Guide Template, 005010, 1.2, March 2011 (incorporated by reference in §162.920), as required by the Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule, version 3.0.0, June 2012.

[77 FR 1590, Jan. 10, 2012]