(b) For the period from March 17, 2009 through December 31, 2011 both—
(1) The standards identified in paragraph (a) of this section; and
(c) For the period on and after January 1, 2012, the standards identified in paragraph (b)(2) of this section.

§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:
(b) Excluding where the CAQH CORE rules reference and pertain to acknowledgements and CORE certification.

§162.1404 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.

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.

§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.