§ 162.412 Subpart E—Standard Unique Health Identifier for Health Plans

(a) A health plan must use the NPI of any health care provider (or subpart(s), if applicable) that has been assigned an NPI to identify that health care provider on all standard transactions where that health care provider’s identifier is required.

(b) A health plan may not require a health care provider that has been assigned an NPI to obtain an additional NPI.

§ 162.414 Implementation specifications: Health care clearinghouses.

A health care clearinghouse must use the NPI of any health care provider (or subpart(s), if applicable) that has been assigned an NPI to identify that health care provider on all standard transactions where that health care provider’s identifier is required.

Source: 77 FR 54719, Sept. 5, 2012, unless otherwise noted.

§ 162.502 [Reserved]

§ 162.504 Compliance requirements for the implementation of the standard unique health plan identifier.

(a) Covered entities. A covered entity must comply with the implementation requirements in §162.510 no later than November 7, 2016.

(b) Health plans. A health plan must comply with the implementation specifications in §162.512 no later than one of the following dates:

1. A health plan that is not a small health plan—November 5, 2014.

2. A health plan that is a small health plan—November 5, 2015.


§ 162.506 Standard unique health plan identifier.

(a) Standard. The standard unique health plan identifier is the Health Plan Identifier (HPID) that is assigned by the Enumeration System identified in §162.508.

(b) Required and permitted uses for the HPID. (1) The HPID must be used as specified in §162.510 and §162.512.

2. The HPID may be used for any other lawful purpose.