

§ 162.412

subpart of the covered entity that would be a covered health care provider if it were a separate legal entity. A covered entity may obtain an NPI for any other subpart that qualifies for the assignment of an NPI.

(2) Use the NPI it obtained from the NPS to identify itself on all standard transactions that it conducts where its health care provider identifier is required.

(3) Disclose its NPI, when requested, to any entity that needs the NPI to identify that covered health care provider in a standard transaction.

(4) Communicate to the NPS any changes in its required data elements in the NPS within 30 days of the change.

(5) If it uses one or more business associates to conduct standard transactions on its behalf, require its business associate(s) to use its NPI and other NPIs appropriately as required by the transactions that the business associate(s) conducts on its behalf.

(6) If it has been assigned NPIs for one or more subparts, comply with the requirements of paragraphs (a)(2) through (a)(5) of this section with respect to each of those NPIs.

(b) An organization covered health care provider that has as a member, employs, or contracts with, an individual health care provider who is not a covered entity and is a prescriber, must require such health care provider to—

(1) Obtain an NPI from the National Plan and Provider Enumeration System (NPPES); and

(2) To the extent the prescriber writes a prescription while acting within the scope of the prescriber's relationship with the organization, disclose the NPI upon request to any entity that needs it to identify the prescriber in a standard transaction.

(c) A health care provider that is not a covered entity may obtain, by application if necessary, an NPI from the NPS.

[69 FR 3468, Jan. 23, 2004, as amended at 77 FR 54719, Sept. 5, 2012]

§ 162.412 Implementation specifications: Health plans.

(a) A health plan must use the NPI of any health care provider (or subpart(s),

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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.

Subpart E—Standard Unique Health Identifier for Health Plans

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.

[77 FR 54719, Sept. 5, 2012, as amended at 77 FR 60630, Oct. 4, 2012]

§ 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.