

## § 162.100

162.1902 Standard for Medicaid pharmacy subrogation transaction.

AUTHORITY: 42 U.S.C. 1320d–1320d–9 and secs. 1104 and 10109 of Pub. L. 111–148, 124 Stat. 146–154 and 915–917.

SOURCE: 65 FR 50367, Aug. 17, 2000, unless otherwise noted.

### Subpart A—General Provisions

#### § 162.100 Applicability.

Covered entities (as defined in § 160.103 of this subchapter) must comply with the applicable requirements of this part.

#### § 162.103 Definitions.

For purposes of this part, the following definitions apply:

*Code set* means any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. A code set includes the codes and the descriptors of the codes.

*Code set maintaining organization* means an organization that creates and maintains the code sets adopted by the Secretary for use in the transactions for which standards are adopted in this part.

*Covered health care provider* means a health care provider that meets the definition at paragraph (3) of the definition of “covered entity” at § 160.103.

*Data condition* means the rule that describes the circumstances under which a covered entity must use a particular data element or segment.

*Data content* means all the data elements and code sets inherent to a transaction, and not related to the format of the transaction. Data elements that are related to the format are not data content.

*Data element* means the smallest named unit of information in a transaction.

*Data set* means a semantically meaningful unit of information exchanged between two parties to a transaction.

*Descriptor* means the text defining a code.

*Designated standard maintenance organization (DSMO)* means an organization designated by the Secretary under § 162.910(a).

*Direct data entry* means the direct entry of data (for example, using dumb

## 45 CFR Subtitle A (10–1–20 Edition)

terminals or web browsers) that is immediately transmitted into a health plan’s computer.

*Format* refers to those data elements that provide or control the enveloping or hierarchical structure, or assist in identifying data content of, a transaction.

*HCPCS* stands for the Health [Care Financing Administration] Common Procedure Coding System.

*Maintain* or *maintenance* refers to activities necessary to support the use of a standard adopted by the Secretary, including technical corrections to an implementation specification, and enhancements or expansion of a code set. This term excludes the activities related to the adoption of a new standard or implementation specification, or modification to an adopted standard or implementation specification.

*Maximum defined data set* means all of the required data elements for a particular standard based on a specific implementation specification.

*Operating rules* means the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part.

*Segment* means a group of related data elements in a transaction.

*Stage 1 payment initiation* means a health plan’s order, instruction or authorization to its financial institution to make a health care claims payment using an electronic funds transfer (EFT) through the ACH Network.

*Standard transaction* means a transaction that complies with an applicable standard and associated operating rules adopted under this part.

[65 FR 50367, Aug. 17, 2000, as amended at 68 FR 8374, Feb. 20, 2003; 74 FR 3324, Jan. 16, 2009; 76 FR 40495, July 8, 2011; 77 FR 1589, Jan. 10, 2012; 77 FR 54719, Sept. 5, 2012; 84 FR 57629, Oct. 28, 2019]

### Subparts B–C [Reserved]

### Subpart D—Standard Unique Health Identifier for Health Care Providers

SOURCE: 69 FR 3468, Jan. 23, 2004, unless otherwise noted.