



## BENEFIT NEWS BRIEFS

### ***CMS Adopts Requirement for Health Plan Identifier Delays Use of ICD-10***

The Centers for Medicare & Medicaid Services (CMS) published a [final regulation](#) adopting a standard unique "health plan identifier" (HPID) and changing the compliance date for the ICD-10-CM and ICD-10-PCS medical data code sets from October 1, 2013 to October 1, 2014. For background information on the proposed regulation, see [Benefit News Briefs 2012-20](#).

#### **HPID**

The final regulation adopts the HPID as the *standard unique identifier for health plans in electronic transactions*. This final regulation also adopts a data element to serve as an "other entity identifier" (OEID) for non-covered entities that need to be identified in standard transactions, such as TPAs. "Other entities" are *not required* to obtain and use an OEID, but may do so.

***Health plans, including self-insured health plans, must obtain an HPID by November 5, 2014.*** Small health plans (plans with annual receipts of \$5 million or less) have until November 5, 2015. Health plans must use HPIDs in their standard electronic transactions on or after **November 7, 2016**.

A *yet to be opened* Enumeration System will be run by HHS and assign unique HPIDs and OEIDs to eligible health plans and eligible other entities, respectively. The identifiers would only be assigned by the Enumeration System through an online application process. The Enumeration System would disseminate information through a publicly available searchable database or through downloadable files.

#### **ICD-10-CM and ICD-10-PCS Code Sets Compliance Date Moved to 2014**

In 2009, HHS published a final rule adopting the ICD-10-CM and ICD-10-PCS (ICD-10) code sets as the *HIPAA* standards to replace the previously adopted ICD-9 code sets. The compliance date was October 1, 2013. This final regulation changes the compliance date for ICD-10 Code sets from October 1, 2013 to **October 1, 2014**.

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