Companion Guide

ASC X12N 276/277 (005010X212)
Health Care Claim Status Request and Response

Version 4.0
October 2025

Preface

The Cigna Companion Guide supplements the HIPAA ASC X12N 276/277 (005010X212) Implementation Guide for Health Care Claim Status Request and Response.

Disclosure Statement

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1 INTRODUCTION

1.1 SCOPE

This Companion Guide has been designed to describe to Cigna's trading partners the format and data content of the 276/277 Health Care Claim Status Request and Response transaction in the Electronic Data Interchange (EDI) environment. The 276 transaction is used to request the status of one or multiple claims and the 277 transaction is used to respond with this information for the specified member.

1.2 OVERVIEW

This Companion Guide has been written to assist you in designing and implementing 276/277 transactions to meet Cigna's processing standards. The Cigna Companion Guide identifies key data elements from the transaction set that we request you provide to us as well as key data elements from the transaction set that Cigna will provide to you. The recommendations made are to enable you to more effectively submit 276 and receive 277 transactions.

1.3 REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X212) 276/277 Health Care Claim Status Request and Response.

2   GETTING STARTED

2.1   WORKING WITH CIGNA

Cigna trading partners must have an active trading partner agreement. If a third-party is selected to perform electronic transactions, additional Trading Partner information may be required for setup. Health care professionals can exchange EDI transactions by directly connecting to the Cigna systems using software through a clearinghouse.

Health care professionals should contact their current clearinghouse vendor to discuss their clearinghouse's ability to support the 276/277 005010X212 Health Care Claim Status Request and Response transaction, as well as associated timeframe, costs, etc. Health care professionals that do not already have a clearinghouse vendor can contact one of the Cigna connected clearinghouses. For a list of available clearinghouses, visit www.Cigna.com/edivendors.

If you have additional questions, please contact your Cigna Trading Partner Relationship Manager

2.2   TRADING PARTNER REGISTRATION

All trading partners who wish to submit Health Care Claim Status Request Transactions to Cigna via the ASC X12 276 (Version 005010X212) and receive corresponding EDI responses (277) must contact one of the Cigna connected clearinghouses to establish a connection and determine testing requirements.

2.3   CERTIFICATION AND TESTING OVERVIEW

Cigna is CAQH® CORE certified for the 276/277 transaction. In order to ensure that appropriate data is in the correct environment, physicians and healthcare professionals should have their current EDI vendor contact Cigna to discuss testing.

3   TESTING WITH THE PAYER

EDI Controls

Cigna will utilize, when necessary and appropriate both the TA1 (Interchange Acknowledgement) and 999 (Implementation Acknowledgement) responses.

X12 Transaction Processing

- X12 transactions will be verified as originating from a Cigna recognized trading partner (authenticated) and checked for access to submit the specific X12 transaction (authorization). Failure of 'authorization test' will generate a TA1 and/or 999 response back to the Trading Partner.

- X12 transactions will be checked for proper X12 structure via 'envelope test validation'. This ensures the transaction request is complete and formatted properly. Failures of envelope tests can generate TA1 or 999 responses back to the Trading Partner.

3.1   X12 TRANSACTION AUTHORIZATION TESTS

The following table defines the 'authorization tests' to be processed on receipt of each X12 276 Health Care Claim Status Request.

- The authorization tests run in the order shown. Upon detection of an error, the appropriate TA1 or 999 response is sent. Multiple errors are not processed in the TA1 response since this can lead to faulty error reporting. In the 999 error response multiple errors may be sent with the exception of GS01 and GS08 errors. If both GS01 and GS08 errors are present, only the GS01 error will be sent since only one AK905 segment is allowed.

HIPAA Element	Authorization Tests	TA1 Response		999 Response							
		TA105		IK401	IK402	IK403	AK901	AK902	AK903	AK904	AK905
N/A	Clearing House source cannot be identified	013		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ISA05/ISA06	Unknown clearing house (unknown ISA05/ISA06 combination)	006		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ISA07/ISA08	Unknown Payor (unknown ISA07/ISA08 combination)	008		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GS01	Unsupported Transaction Set in Group	N/A		N/A	N/A	N/A	R	1	1	0	1
GS02	Unknown Originator ID value	N/A		2	142	7	R	1	1	0	N/A
	Missing Originator ID value	N/A		2	142	1	R	1	1	0	N/A
GS03	Unknown Recipient LOB value	N/A		3	124	7	R	1	1	0	N/A
	Missing Recipient LOB value	N/A		3	124	1	R	1	1	0	N/A
GS08	Unsupported Version of Implementation Guide	N/A		N/A	N/A	N/A	R	1	1	0	2

3.2 X12 TRANSACTION ENVELOPE TEST VALIDATION

- The following table defines the 'envelope tests' to be processed on receipt of each 276 Health Care Claim Status Request.

- The envelope tests run in the order shown. Upon detection of an error, the appropriate TA1 or 999 response is sent. Multiple errors are not processed since this can lead to faulty error reporting.

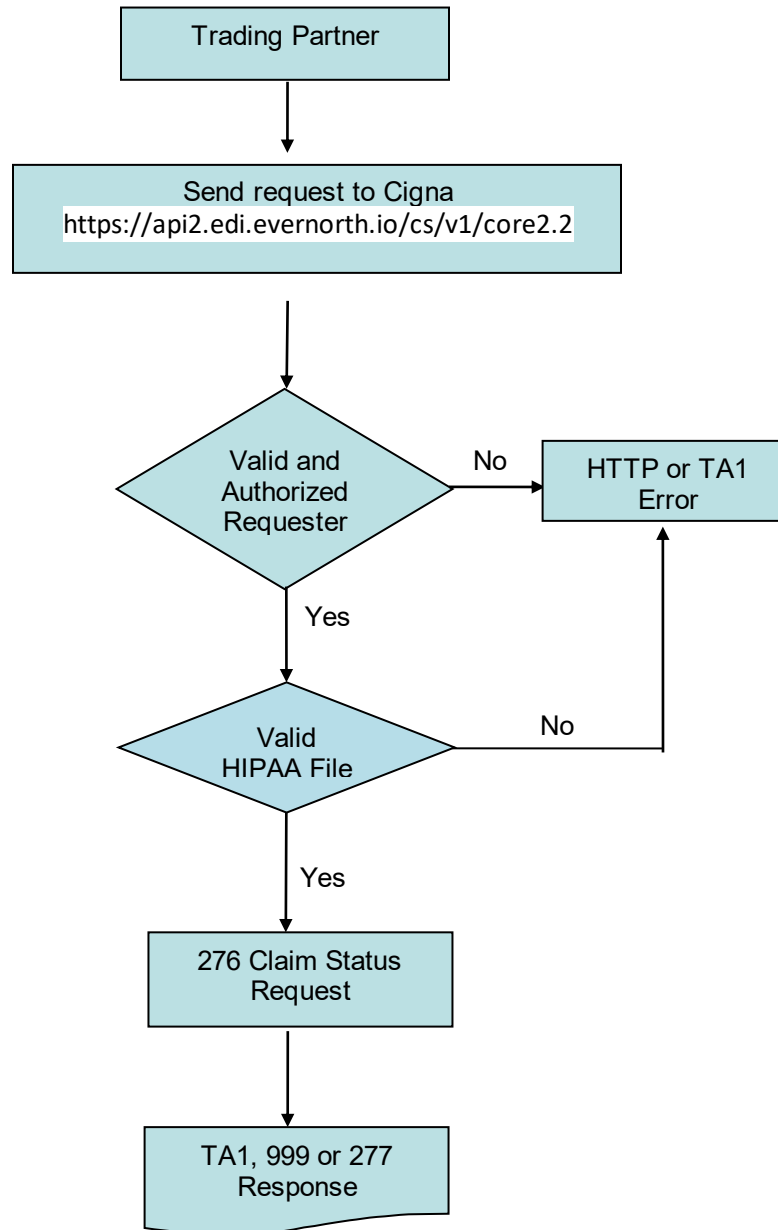| HIPAA Element	Envelope Tests	TA1 Response		999 Response						
		TA105		IK501	IK502	AK901	AK902	AK903	AK904	AK905
IES Segment	Control Number in IES02 does not match Control Number in ISA13	001		N/A	N/A	N/A	N/A	N/A	N/A	N/A
IES Segment	Functional Group Count in IES01 does not match actual Functional Groups counted	021		N/A	N/A	N/A	N/A	N/A	N/A	N/A
GE Segment	Group Control Number in GE02 does not match Group Control Number in GS06	N/A		N/A	N/A	R	1	1	0	4
GS Segments	IES02 value not equal to 1 indicating multiple or no GS segments received	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TS Segments	Transaction Sets Included count in GE01does not match actual Transaction Sets counted	N/A		N/A	N/A	R	1	1	0	5
TS Segments	Transaction Set Control Number in ST02 does not match Transaction Set Control Number in SE02.	N/A		R	3	NA	NA	NA	NA	NA
TS Segments	GE01 value not equal to 1 indicating the multiple or no TS segments received	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
HL Segment (HL03=20) Information Source Loop	Number of information source loops not equal to 1.	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
HL Segment (HL03=21) Information Receiver Loop	Number of information receiver loops not equal to 1.	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
HL Segment (HL03=22) Subscriber Loop	Number of subscriber loops not equal to 1.	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
HL Segment (HL03=23) Dependent Loop	Number of dependent loops greater than 1.	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
SE Segment	Number of Included Segments Count in SE01 does not match actual segment count	N/A		R	4	N/A	N/A	N/A	N/A	N/A

4   CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

4.1.   SYSTEM AVAILABILITY

The 276/277 is generally available 24 hours a day, 7 days a week. However, to allow for maintenance, the 276/277 transactions may be unavailable on some weekends

4.2.   PROCESS FLOWS

Real-Time Submission Flow

```
              ┌─────────────────────┐
              │   Trading Partner   │
              └──────────┬──────────┘
                         │
                         ▼
         ┌───────────────────────────────────┐
         │          Send request to Cigna    │
         │ https://api2.edi.evernorth.io/cs/v1/core2.2 │
         └──────────────────┬────────────────┘
                            │
                            ▼
                  ◇ Valid and ◇        No      ┌──────────────┐
                  Authorized      ─────────▶   │ HTTP or TA1  │
                  Requester                     │    Error     │
                            │                   └──────────────┘
                           Yes                          ▲
                            │                           │
                            ▼                           │
                  ◇ Valid ◇          No                 │
                  HIPAA File   ───────────────────────┘
                            │
                           Yes
                            │
                            ▼
              ┌─────────────────────┐
              │  276 Claim Status   │
              │     Request         │
              └──────────┬──────────┘
                         │
                         ▼
              ┌─────────────────────┐
              │  TA1, 999 or 277    │
              │     Response        │
              └─────────────────────┘
```

4.3.   TRANSMISSION ADMINISTRATIVE PROCEDURES

Real-time 276 requests contain only one inquiry per member per transaction.

4.3.1   RE-TRANSMISSION PROCEDURE

A duplicate transaction may be sent by the user's system if the reply message is not received within the 20 second response period.

4.4.   COMMUNICATION PROTOCOL SPECIFICATIONS

In conformance with CORE Connectivity Rule, Cigna now supports SOAP + WSDL and HTTP + MIME connections. Trading partners planning on using these new connectivity options must obtain a username and password from Cigna. Detailed specifications for these connections are published by CAQH (**CAQH CORE Connectivity Rule**)

Protocol Family:	TCP/IP
Application Protocol:	http (secure)
HTTP Language:	SOAP
HTTP Method:	POST
HTTP element for "X12 transaction data"	XML
SOAP XML Input Element Name:	Payload
Form Encoding Type:	"application/soap+xml"

4.4.1 Connection Type

- Connection Protocol:
  - Service IP will only accept HTTPS: connections
  - HTTPS connectivity is achieved by using SSL (Secure Socket Layer) encryption.
- Connection Type:
  - Cigna Public Certificates: These certificates are not used for encryption; rather they are used for authentication.

4.4.2 Transmission Files

All senders of electronic transmissions will be assigned a directory structure into or from which transactions can be submitted or retrieved. Trading Partners are responsible for the timely retrieval and verification of file transmission responses. This includes retrieval of the TA1 or 999 responses.

4.5.   PASSWORDS

When using SOAP + WSDL or HTTP + MIME a password must be obtained from Cigna.

4.6.   SECURITY AND AUTHENTICATION REQUIREMENTS

Trading partners connecting with SOAP + WSDL or HTTP + MIME must obtain username and password from Cigna.

5   CONTACT INFORMATION

5.1   EDI CUSTOMER SERVICE

Most questions can be answered by referencing this Companion Guide. If you have additional questions related to Cigna's Health Care Claim Status transactions, contact your Cigna Trading Partner Relationship Manager.

5.2   EDI TECHNICAL ASSISTANCE

For technical questions related to Cigna's Health Care Claim Status Request transactions, contact the Customer Support Center for technical questions at 1 800.810.3388.

5.3   PROVIDER SERVICE NUMBER

Contracting, Provider Service and Credentialing questions, contact 1.800.88CIGNA (882.4462).

5.4   APPLICABLE WEBSITES / E-MAIL

For information about Cigna's policies, Coverage Positions and claim edits access the CIGNA website at http://www.cigna.com/health-careprofessionals/resources/doing-business-with-cigna.

6   CONTROL SEGMENTS / ENVELOPES

6.1   ISA – IEA (276)

This section describes the use of the Interchange Control segments, ISA and IEA. These segments mark the beginning and ending of an interchange. The ISA segment has a fixed length and all the elements within this segment must be populated.   This segment includes a description of the expected sender and receiver codes and delimiters. The first element delimiter in the ISA segment is an Asterisk (*) which will be used as the delimiter throughout the transaction. The final character in the ISA segment is a Tilde (~) will be used as the delimiter for each segment in the transaction.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA		Interchange Control Header Segment		
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	Authorization Information
	ISA03	Security Information Qualifier	'00'	No Security Information Present
	ISA04	Security Information	10 'spaces'	No Security Information Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	\<Sender ID Qualifier\> Can be '01' '14' '20' '27' '28' '29' '30' '33' 'ZZ'	Interchange ID Qualifier of Sender 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined
	ISA06	Interchange Sender ID	ID will be provided at time of set up with Cigna	Interchange Sender ID for clearinghouse
	ISA07	Interchange ID Qualifier of Receiver	Can be '01' '14' '20' '27' '28' '29' '30' '33' 'ZZ'	Interchange ID Qualifier of Sender 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration

Segment ID	Element ID	Name	Code	Definition of Code / Notes
				(HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined
	ISA08	Interchange Receiver ID	ID will be provided at time of set up with Cigna	Interchange Receiver ID for Cigna
	ISA09	Interchange Date	Format: YYMMDD	Date of the interchange See note for ISA15
	ISA10	Interchange Time	Format: HHMM	Time of the interchange See note for ISA15
	ISA11	Repetition Separator	'^'	Repetition Separator is a delimiter used to separate repeated occurrences of simple data element or composite data structure
	ISA12	Interchange Control Version Number	'00501'	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number	<Interchange Control Number>	Control Number used by the interchange sender; must be identical to the associated Interchange Trailer IEA02
	ISA14	Acknowledgment Requested	'0'	0: No Acknowledgement Requested 1: Acknowledgement Requested
	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information	'T' 'P'	'T': Test data 'P': Production Data Production data should not be used in test, and test data should not be used in production.
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element. The recommended value is the implementation guide value of ':', but any character can be used as a delimiter. This character can not used by any of the data elements. Whatever value that is sent in is used and returned on the response.
IEA		Interchange Control Trailer Segment		
	IEA01	Number of Included Functional Groups	'1'	Cigna Functional Group count
	IEA02	Interchange Control Number	<Interchange Control Number>	Cigna Interchange Control Number

6.2   GS – GE (276)

This section describes the Functional Group Control segments, GS and GE. These segments identify the application sender and receiver codes. The GS Control Segment indicates the beginning of a Functional Group and the GE Control Segment indicates the ending of a Functional Group. These control segments describe how Cigna expects a Trading Partner to send functional groups and how Cigna will send functional groups back to the Clearinghouse.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	HR	Health Care Claim Status Request
	GS02	Application Sender's Code	<Sender Code>	Code identifying party sending transmission; codes agreed to by trading partner at time of setup with Cigna.
GS	GS03	Application Receiver's Code	'CHC Medical' or ' CHC Dental' or 'CHC Behavioral'	
	GS04	Date	Format: CCYYMMDD	Date of functional group creation
	GS05	Time	Format: HHMM	Creation time Cigna uses the value submitted in GS05 on the 278 request.
	GS06	Group Control Number	<Group Control Number>	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'005010X212'	Health Care Claim Status Request and Response
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	<Number of Transaction Sets Included>	Number of transactions included
	GE02	Group Control Number	<Group Control Number>	Group Control Number must be identical to same data element in functional group header, GS06.

6.3 ISA – IEA (277)

This section describes the use of the Interchange Control segments, ISA and IEA. These segments mark the beginning and ending of an interchange. The ISA segment has a fixed length and all the elements within this segment must be populated. This segment includes a description of the expected sender and receiver codes and delimiters. The first element delimiter in the ISA segment is an Asterisk (*) which will be used as the delimiter throughout the transaction. The final character in the ISA segment is a Tilde (~) will be used as the delimiter for each segment in the transaction.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA		Interchange Control Header Segment		
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	No Authorization Information
	ISA03	Security Information Qualifier	'00'	No Security Information Present
	ISA04	Security Information	10 'spaces'	No Security Information Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	'30'	U.S. Federal Tax Identification Number
	ISA06	Interchange Sender ID	ID will be provided at time of set up with Gateway	Interchange Sender ID for Cigna
	ISA07	Interchange ID Qualifier of Receiver	'ZZ'	Mutually defined
	ISA08	Interchange Receiver ID	ID will be provided at time of set up with Gateway	Interchange Receiver ID for Clearinghouse
	ISA09	Interchange Date	Format: YYMMDD	Date of the interchange
	ISA10	Interchange Time	Format: HHMM	Time of the interchange
	ISA11	Interchange Control Standards Identifier	"^"	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00501'	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number	'000000001'	Cigna Functional Group count default
	ISA14	Acknowledgment Requested	'0'	0: No Acknowledgement Requested
ISA	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information	'T' 'P'	'T': Test data 'P': Production Data
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element
IEA		Interchange Control Trailer Segment		
	IEA01	Functional Group Count	'1'	Functional Group count
	IEA02	Interchange Control Number	<Interchange Control Number>	Interchange Control Number

6.4   GS – GE (277)

This section describes the Functional Group Control segments, GS and GE. These segments identify the application sender and receiver codes. The GS Control Segment indicates the beginning of a Functional Group and the GE Control Segment indicates the ending of a Functional Group. These control segments describe how Cigna expects a Trading Partner to send functional groups and how Cigna will send functional groups back to the Clearinghouse.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	'HN'	HN - Health Care Claim Status Response (277)
	GS02	Application Sender's Code	'CHC Medical' 'CHC Dental' 'CHC Behavioral'	Code identifying party sending transmission
	GS03	Application Receiver's Code	<Receiver Code>	Application Receiver Code for Clearinghouse. Should be 276 GS02 value.
	GS04	Date	Format: CCYYMMDD	Date of functional group creation
	GS05	Time	Format: HHMM	Creation time
	GS06	Group Control Number	<Group Control Number>	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'005010X212'	Health Care Claim Status and Response Implementation Guide originally published in August 2006 as '005010X212', and includes errata published in January 2009 as '005010X212E2'.
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	'1'	Transaction Count; value should always be '1'
	GE02	Group Control Number	<Group Control Number>	Group Control Number must be identical to same data element in functional group header, GS06.

6.5   ST – SE (277)

This section indicates the beginning and the ending of a transaction set and provides the count of the transmitted segments including the beginning (ST) and ending (SE) segments. These segments also provide a Transaction Set Control Number which must be identical in each segment.

Segment ID	Element ID	Name	Code	Definition of Code / Notes

ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'277'	Health Care Claim Status Request
	ST02	Transaction Set Control Number	<Transaction Set Control Number>	Transaction Set Control Number assigned by Cigna. The transaction set control numbers in ST02 and SE02 must be identical.
	ST03	Implementation Convention Reference	'005010X212'	Always matches GS08
SE		Transaction Set Trailer		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	<Transaction Set Control Number>	Transaction Set Control Number assigned by Cigna

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Cigna will return applicable industry standard claim status codes on the claim status response at the claim and service line levels.

7.1 276 REQUEST:

- Member Match

  - o Cigna will first attempt to identify the patient within the specified line of business for whom claim status is requested if the patient's identification number (2100D/NM108 = MI) and the patient's first name, last name and date of birth are supplied. If any of these elements are missing, member identification will be attempted in the following order, depending on the data supplied:
      - Patient ID number, patient first name, patient date of birth
      - Patient ID number, patient date of birth
      - Patient ID number, patient first name

  - o If a patient has more than one policy with Cigna, then claim status cannot be returned electronically. Patients with more than one policy will get a 277 response with a Claim Status Category Code (507) of 'E1' – Response Not Possible and a Claim Status Code (508) of '0' - Cannot provide further status electronically.

1.   Cigna usage of the Loops/Segments/Elements on the 276 transaction:

   1.1.   Cigna requires that the data element NM103 in NM1 (Payer Name) segment in 2100A loop contain the value 'CIGNA HealthCare'
   1.2.   Cigna requires that the data element NM108 in NM1 (Payer Name) segment in 2100A loop contain the value 'PI'
   1.3.   Cigna requires that the data element NM109 in NM1 (Payer Name) segment in 2100A loop contain the value "06-1059331"
   1.4.   Cigna requires that the data element NM108 in NM1(Information Receiver Name) segment in 2100B loop contain the value '46'
   1.5.   Cigna requires the Provider's NPI to be submitted in NM109 of the NM1 (Provider Name) segment in the 2100C loop. The NM108 Qualifier value should be 'XX'. The only exception is in the instance where the provider is atypical.
   1.6.   Cigna requires that the data element NM102 in NM1(Subscriber Name) segment in 2100D/2100E loop contain the value 1 (Person)
   1.7.   Cigna requires that the data element NM108 in NM1(Subscriber Name) segment in 2100D/2100E loop contain the value 'MI' (Member Identification Number)
   1.8.   If a member has a unique member identifier, it must be used as the primary identification code in NM109 in NM1 (Subscriber Name) segment in the 2100D/2100E loop in place of the member's Social Security Number (SSN). This unique identifier must be used on all inquiries, communications and claims submissions.
   1.9.   Cigna strongly encourages that the Dependent First Name (NM104) be submitted using NM1 (Dependent Name) segment in 2100E loop.
   1.10.   Cigna utilizes only 1 occurrence of 2200D/2200E loop
   1.11.   Cigna utilizes the information submitted from a single occurrence of the REF (Payer Claim Identification Number) segment in 2200D/2200E loop.
   1.12.   Cigna requests that all inquiries specify the line of business that is the subject of the inquiry. The line of business is specified on the GS03 segment. GS03 value is one of the following:
      - 'CHC Medical'
      - 'CHC Dental'

- 'CHC Behavioral'

If the line of business is not specified by the requestor, Cigna has requested that the clearinghouse add the line of business based on the data supplied in the 2200D/E Application or System Identifier segment. If the Application or System Identifier is not present, Cigna has requested that the clearinghouse send the inquiry as 'CHC Medical'.

7.2 277 RESPONSE:

2.   Cigna usage of the Loops/Segments/Elements on the 277 transaction:
   2.1.   Cigna utilizes 'PI' as Identification Code Qualifier (NM108) in NM1 (Payer Name) segment in 2100A loop.
   2.2.   Cigna utilizes '46' as Identification Code Qualifier (NM108) in NM1 (Information Receiver Name) segment in 2100B loop.
   2.3.   Cigna utilizes '1' as Entity Type Qualifier (NM102) in NM1 (Subscriber Name) Segment in 2100D/2100E loop.
   2.4.   Cigna utilizes 'MI' as Identification Code Qualifier (NM108) in NM1 (Subscriber Name) segment in 2100D/2100E loop.
   2.5.   Cigna utilizes one of the following Product/Service ID Qualifiers in SVC01-01 in SVC (Service Line Information) segment in loop 2220D/2220E.
      - (AD) - American Dental Association Codes
      - (HC) - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
      - (NU) - National Uniform Billing Committee (NUBC) UB92 Codes
   2.6.   Cigna will return the processing date as the service date on 2200D/E and 2210D/E when:
      - A Pre-Determination was submitted without a service date
      - An encounter that was submitted without a date of service.
   2.7.   When a member that is a dependent has a specific unique member identifier it will be returned as the primary identification code in NM1 (Subscriber Name) segment in 2100D loop on all responses, even if the 276 transaction submitted member information in the 2100E loop. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.
   2.8.   If the member belongs to a Cigna Strategic Alliance partner, the following information will be communicated back to inquiring provider via the 277 response.
      2.8.1. Data elements in Claim Level Status Information (STC) segment in Loops 2200D or 2200E will have the following values: STC01-1 = 'A4', STC01-2 = '487', STC02 = Today's date, STC04 = zero and STC05 = zero.
      2.8.2. Additionally, depending on Cigna's role in the Strategic Alliance, below information will also be sent back:
         - If Cigna has SA-R (Shared Alliance Re-pricing) role or if Cigna has Supporting Party role, the Alliance Partner's contact information will be sent via the PER segment in Loop 2100A. PER02 will contain Alliance Partner's name, PER03 will have 'TE" and PER04 will have the Alliance Partner's telephone number.
      2.8.3. If a received claim has been pended and sent to an Alliance Partner for re-pricing, claim status information will be communicated back to inquiring provider via the 277 response. Data elements in Claim Level Status Information (STC) segment in Loops 2200D or 2200E will have the following values: STC01-1 = 'P3', STC01-2 = '64', STC02 = Today's date, STC04 = Total Claim Charge Amount and STC05 = zero.
   2.9.   Cigna's 277 response for unconverted members of the former Medicare Advantage [member's whose eligibility has not been converted to Cigna's systems] will contain the following:
      - PER02 will be populated with "Medicare Advantage/Cigna, now part of Cigna"
      - PER04 will be populated with "800-627-7534"
   2.10.   When Cigna cannot return a response with claim status for a 276, the 277 response may contain values in various segments corresponding with what was received on the request

8 ACKNOWLEDGEMENTS AND OR REPORTS

- Cigna will generate the TA1/999 acknowledgement for an X12 Real Time transaction to indicate HIPAA/translation errors, otherwise, the associated 277 response is returned.

9 TRADING PARTNER AGREEMENTS

Trading Partner Agreements for existing Partners are currently on file with Cigna. For new Trading Partners please contact your Cigna Trading Partner Relationship Manager.

10   TRANSACTION SPECIFIC INFORMATION (Loops)

A Transaction Loop is a group of related segments. Cigna-specific values are required for some elements which comprise the segments for the 276/277 Transaction Loops. The following section identifies these loops, their segments and their required element values:

- LOOP 2100A (276) – PAYER NAME
- LOOP 2100B (276) – RECEIVER NAME
- LOOP 2100C (276) – PROVIDER NAME
- LOOP 2100D (276) – SUBSCRIBER NAME
- LOOP 2100E (276) – DEPENDANT NAME
- LOOP 2200E (277) – CLAIM STATUS TRACKING NUMBER

10.1 276 – Health Care Claim Status Request Inquiry

Pg #	Loop ID	Reference	Name	Codes	Notes/Comments
41	**2100A**	**NM1**	**NM1 – Payer Name**		**Information Source**
41	2100A	NM103	Name Last or Organization Name	'Cigna HealthCare'	Value should always be 'Cigna HealthCare'
42	2100A	NM108	Identification Code Qualifier	'PI'	Value should always be 'PI'
42	2100A	NM109	Identification Code	'06-1059331'	Value should always be '06-1059331'
45	**2100B**	**NM1**	**NM1- Receiver Name**		**Information Receiver**
46	2100B	NM108	Identification Code Qualifier	'46'	Value should always be '46'.
49	**2100C**	**NM1**	**NM1- Provider Name**		**Provider of Service**
51	2100C	NM108	Identification Code Qualifier	'XX'	Cigna Requires NPI value should be 'XX'. The only exception is when a provider is Atypical then 'FI' is required.
56	**2100D**	**NM1**	**NM1- Subscriber Name**		**Provider of Service**
56	2100D	NM102	Identification Code Qualifier	'1'	1: Person Value should always be '1'.
57	2100D	NM108	Identification Code Qualifier	'MI'	MI: Member Identification Number Value should always be 'MI'
57	2100D	NM109	Identification Code		Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all 276's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications and claim submissions.
79	**2100E**	**NM1**	**DEPENDENT NAME**		

Pg #	Loop ID	Reference	Name	Codes	Notes/Comments
80	2100E	NM109	Identification Code		Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all 276's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications and claim submissions.
81	**2200E**	**REF**	**REF- CLAIM STATUS TRACKING NUMBER**		
84	2200E	REF02	Application or Location System Identifier	'CHC Medical' 'CHC Dental' 'CHC Behavioral'	Cigna requests that all inquiries specify the line of business that is the subject of the inquiry. The line of business is specified on the 2200D/2200E REF*LU segment. REF01 value is "LU". REF02 value is one of the following: · 'CHC Medical' · 'CHC Dental' · 'CHC Behavioral' If the line of business is not specified by the requestor, CIGNA has requested that the clearinghouse to send the inquiry as 'CHC Medical'.

10.2 277 – Health Care Claim Status Response

Pg #	Loop ID	Reference	Name	Codes	Notes/Comments
111	**2100A**	**NM1**	**NM1 – Payer Name**		**Information Source**
111	2100A	NM103	Name Last or Organization Name	'Cigna HealthCare'	Cigna returns 'Cigna HealthCare'
112	2100A	NM108	Identification Code Qualifier	'PI'	Cigna returns 'PI'.
112	2100A	NM019	Identification Code	06-1059331	Cigna returns '06-1059331'
113	**2100A**	**PER**	**Payer Contact Information**		
113	2100A	PER 02 PER 04	Payer Contact Information		See section 7.2 for information on what will be returned in this segment

					for Medicare Advantage and Strategic Alliances
114	2100A	PER	Communication Number Qualifier	TE	Cigna returns 'TE' (Telephone)
135	**2100D**	**NM1**	**NM1- Subscriber Name**		**Provider of Service**
135	2100D	NM102	Identification Code Qualifier	'1'	Cigna returns '1' (Person)
136	2100D	NM108	Identification Code Qualifier	'MI'	MI: Member Identification Number
136	2100D	NM109	Identification Code		Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all 277's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications and claim submissions.
149	**2200D**	**REF**	**Payer CLAIM Control NUMBER**		
149	2200D	REF01 REF02	Payer Claim Identification Number		When the Payer Claim Identification Number is received on a 276 and the claim(s) cannot be found, REF01 will have a value of "1K" and REF02 will be returned with the value submitted on the 276 or the default value of '0000000000'.
155	**2200D**	**DTP**	**CLAIM SERVICE DATE**		
156	2200D	DTP03	Claim Service Date		When a Claim Service Date is received on a 276 and the claim(s) cannot be found, the date(s) received on the request will be returned.
157	**2210D**	**SVC**	**SVC-Service Line Information**		
157	2210D	SVC01	Service Line Information		Cigna supports the following: • (AD) - American Dental Association Codes • (HC) - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes • (NU) - National Uniform Billing Committee (NUBC) UB92 Codes
175	**2100E**	**NM1**	**DEPENDENT NAME**		
175	2100E	NM102	Identification Code Qualifier	1	Cigna returns '1' (Person)
176	2100E	NM108	Identification Code Qualifier	'MI'	MI: Member Identification Number

176	2100E	NM109	Identification Code		Identifies a CIGNA specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all 277's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications and claim submissions. Note, that per 5010 rules, dependants with a unique Medical Information Number will be returned in the 2100 Subscriber Loops
178	**2200E**	**STC**	**CLAIM LEVEL STATUS INFORMATION**		
186	2200E	STC09	Check Number		Some responses may include multiple checks. This loop will repeat with the additional check number(s).
	2200E	**REF**	**Payer CLAIM Control NUMBER**		
189	2200E	REF01 REF02	Payer Claim Identification Number		When the Payer Claim Identification Number is received on a 276 and the claim(s) cannot be found, REF01 will have a value of "1K" and REF02 will be returned with the value submitted on the 276 or the default value of '0000000000'.
195	**2200E**	**DTP**	**CLAIM SERVICE DATE**		
196	2200E	DTP03	Claim Service Date		When a Claim Service Date is received on a 276 and the claim(s) cannot be found, the date(s) received on the request will be returned.
197	**2220E**	**SVC**	**SERVICE LINE INFORMATION**		
197	2210E	SVC01	Service Line Information		Cigna supports the following: • (AD) - American Dental Association Codes • (HC) - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes • (NU) - National Uniform Billing Committee (NUBC) UB92 Codes

11 APPENDICES

11.1 Business Scenario

A. A paid claim - When a claim has completed adjudication and a payment has been made, the claim status will indicate the paid amount, the date of the payment, and the check or EFT Trace Number. Each service line will indicate the status of the service line and the payment amount for that service line. See Transmission Example 1 in Appendix 2 for an example of a 277 response for a paid claim.

B. A pended claim - When one line or many lines within a claim are pended for internal review or for additional information from another party, the claim status will be pended. Each service line will indicate if that specific service line is pended and the reason it is pended. See Transmission Example 2 in Appendix 2 for an example of a 277 response for a pended claim.

11.2 Transmission Examples

Please note that the following fields have been X'd out and will need to be populated with your values: ISA-05, ISA-06, GS-02.

A. **Paid Claim**

277 HTTP Response:New Flow

```
ISA*00*           *00*           *30*06-1059331
*ZZ*SENDERIDENTIFIC       *220110*1007*^*00501*000000430*0*T*:~
GS*HN*CHC Dental* SENDERIDENTIFIC*20220623*1340*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*2022-01-10-09-05-43-IHG-TEST*20220623*094028*DG~
HL*1**20*1~
NM1*PR*2*GWH-CIGNA*****PI*80705~
PER*IC**TE*8883368258~
HL*2*1*21*1~
NM1*41*1*CHGBRANDY*****46*1306805932~
HL*3*2*19*1~
NM1*1P*1*CGHBRANDY*C****XX*1306805932~
HL*4*3*22*0~
NM1*IL*1*KEMMRVEL*ARTILYGBWE****MI*U93116357~
TRN*2*2022-01-10-09-05-43-IHG-TEST~
STC*F0:3*20220623**400*125*20220107***58507~
REF*1K*022007000300~
DTP*472*RD8*20220107-20220107~
SVC*AD:D3921*100*25****1~
STC*F1:98*20220107~
DTP*472*RD8*20220107-20220107~
SVC*AD:D4322*100*50****1~
STC*F1:104*20220107~
DTP*472*RD8*20220107-20220107~
SVC*AD:D4323*100*50****1~
STC*F1:104*20220107~
DTP*472*RD8*20220107-20220107~
```

```
SVC*AD:D3911*100*0****1~
STC*F2:107*20220107~
DTP*472*RD8*20220107-20220107~
SE*28*0001~
GE*1*1~
IEA*1*000000430~
```

B. Pended Claim

277 HTTP Response:New Flow

```
ISA*00*          *00*          *30*06-1059331     *ZZ*
SENDERIDENTIFIC *220624*1205*^*00501*000000430*0*T*:~
GS*HN*CHC Medical*SENDERIDENTIFIC*20220624*1804*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*2022-06-24-12-00-46-IHG-TEST*20220624*140413*DG~
HL*1**20*1~
NM1*PR*2*GWH-CIGNA*****PI*80705~
PER*IC**TE*8008824462~
HL*2*1*21*1~
NM1*41*1*JUPITER MED CTR*****46*1013033661~
HL*3*2*19*1~
NM1*1P*1*JUPITER MED CTR*****XX*1013033661~
HL*4*3*22*0~
NM1*IL*1*BRENNAN*HERROD****MI*U9307784501~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390005~
DTP*472*RD8*20220605-20220605~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390006~
DTP*472*RD8*20220606-20220606~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390007~
DTP*472*RD8*20220607-20220607~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390008~
DTP*472*RD8*20220608-20220608~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390009~
DTP*472*RD8*20220609-20220609~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590007~
DTP*472*RD8*20220416-20220416~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590008~
DTP*472*RD8*20220415-20220415~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
```

```
STC*P1:45*20220624**450*0~
REF*1K*7432217590009~
DTP*472*RD8*20220414-20220414~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590010~
DTP*472*RD8*20220413-20220413~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590011~
DTP*472*RD8*20220412-20220412~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590012~
DTP*472*RD8*20220411-20220411~
SE*56*0001~
GE*1*1~
IEA*1*000000430~
```

11.3 Frequently Asked Questions

1. Does the companion guide apply to all Cigna membership?

   This does not apply to the Medicare Advantage members. The Medicare Advantage members have another companion guide [276 277 Cigna Medicare Advantage 5010 Companion Guide_Cigna Solution].

2. How does Cigna support, monitor, and communicate expected and unexpected connectivity outages?

   The 276/277 is generally available 24 hours a day, 7 days a week. To allow for maintenance, the 276/277 transactions may be unavailable on some weekends. Requests will be queued and process when the system starts back up.

   Communications will be sent to Trading Partners in advance when there is unscheduled maintenance or outages.

3. If a 276 is successfully transmitted to Cigna, are there any situations that would result in no response being sent back?

   No. Cigna will always send a response. Even if Cigna's systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

3. Change Summary
This section describes the differences between the current Companion Guide and previous guide(s).

Date	Version	Description	Author
07/19/2011	1.0	Initial Version	
08/19/2011	1.1	Post-delivery updates made based on feedback: • Corrections made to customer service information in sections 4.2 and 11	
10/04/2011	1.2	Post-delivery updates made based on feedback: • New Cigna logo added, name change and Disclosure Statement update made • EDI Technical Assistance telephone number changed	
11/11/2011	1.3	Updated for Web IT solution	Steve Liebert
11/23/2011	1.4	Updated & Revised	Steve Liebert Mike Hmelovsky
11/30/2011	1.4.1	Updated X12 examples	Jim Hoyt
11/30/2011	1.4.2	Updated X12 Paid Example; Updated links in 2.2 & 5.4	Steve Liebert
12/2/2011	1.4.3	Update igate URLs. Updated Application or Location System Identifier requirements	Steve Liebert
12/20/2011	1.4.4	Returning processed dates for predeterminations & encounters without service dates.	Steve Liebert
12/07/12	1.4.5	Made changes to the companion guide based on new connectivity rules for CAQH	Mannu Anand
2/2014	2.1	URLs removed from Companion Guide. Individual TP Information Guides will be created to include this information.	WebIT
2/8/2017	2.1	Removed: 2.2 Cigna does not utilize information submitted using the REF (Payer Claim Control Number) segment in 2200D/2200E loop. Added: Cigna requires that if the information submitted using the REF (Payer Claim Control Number) segment in 2200D/2200E loop, the Payer Claim Control must be a valid or the transaction will be rejected.	Gurina Bajaj
5/31/2017	2.2	Updated Section 2.1 to identify process for exchanging 276/277 transactions with Cigna.	S.Swyers P.Keyes
8/1/2018	2.3	Update contact number in 5.2 per Katherine Cabral	K. Roberg
6/9/2021	3.0	Updated companion guide to reflect Cigna East and Cigna West business now being on the same platform for submission.	Taylor Morelli-Zwiebel

4/19/2024	3.1	Updated Working with Cigna Updated System Availability Updated Process Flow Updated EDI Customer Service Updated Trading Partner Agreements	M. Neeley
10/14/2025	4.0	Updated Section 7.1 / 1.5 Cigna requires NPI to be submitted on 276 request Updated Section 10 / #51 NPI is required	M. Neeley