



Companion Guide

ASC X12N 270/271 (005010X279A1) Health Care Eligibility/Benefit Inquiry and Response

Version 2.3
August 2024

Preface

The Cigna Companion Guide supplements the HIPAA ASC X12N 270/271 (005010X279A1) Implementation Guide for Eligibility Benefits Inquiry and Response. This document is intended to clarify the specific requirements for electronically exchanging eligibility and benefit data with Cigna. This document complies with the CORE (Committee on Operating Rules for Information Exchange) standard format.

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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 Eligibility and Benefit 270/271 transaction set in the Electronic Data Interchange (EDI) environment. The 270 transaction is used to request eligibility and benefit information for Medical, Behavioral and Dental lines of business and the 271 transaction is used to respond with eligibility and benefit information for the specified member.

1.2. OVERVIEW

This Companion Guide will replace, in total, the previous Cigna Companion Guides for the 270 Health Care Eligibility Benefit Inquiry and 271 Health Care Eligibility Benefit Response. This Companion Guide has been written to assist you in designing and implementing 270/271 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 270 and receive 271 transactions.

The Council for Affordable and Quality Healthcare (CAQH) created the Committee on Operating Rules for Information Exchange (CORE). This Committee established a common set of operating rules for health care systems which allow providers and other health entities the ability to receive consistent data across health care systems. Cigna has implemented the operating rules for CORE Phase I and is in the process of implementing CORE Phase II.

1.3. REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X279A1) Health Eligibility Benefit Inquiry and Response 270/271.

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 from PNT Data or through a clearinghouse.

Direct Connection:

Direct connection to Cigna for the purpose of 270/271 005010X279A1 Eligibility Benefit Inquiry and Response transaction submission may be available. This connection type will support real-time submissions and responses. Please contact your Cigna Trading Partner Relationship Manager for setup opportunities.

Clearinghouse:

Health care professionals should contact their current clearinghouse vendor to discuss their clearinghouse's ability to support the 270/271 005010X279A1 Health Care Eligibility Benefit Inquiry 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 Eligibility transactions to Cigna via the ASC X12 270 (Version 005010X279A1) and receive corresponding EDI responses (271) must complete the Cigna technical assessments and provide Cigna with contact information, desired connectivity method, and transaction-specific information.

2.3 CERTIFICATION AND TESTING OVERVIEW

Cigna became CAQH® CORE v.1.1.0 recertified on 7/7/2023.

2.4 TESTING WITH Cigna

Physicians and Healthcare professionals should contact their current EDI vendor to discuss testing. For a list of available EDI vendors, visit www.Cigna.com/edivendors.

3. TESTING WITH THE PAYER

3.1 EDI CONTROLS

Cigna will utilize, when necessary and appropriate, both the TA1 – Interchange acknowledgement and 999 – Functional Acknowledgement responses.

X12 Transaction Processing

- X12 270 requests will be verified as originating from a Cigna recognized clearinghouse (authentication) and checked for access to run the eligibility inquiry transaction (authorization). Failure of authorization test will generate a TA1 or 999 response back to the clearinghouse.
- X12 270 requests will be checked for proper X12 270 structure via “envelope test validation”. This ensures the transaction request is a complete and formatted real-time transaction. Failures of envelope tests can generate TA1 or 999 responses back to the clearinghouse.
- X12 270 data elements that are mapped to Cigna’s copybook will be checked for validity through a defined set of “exception processing tests”. If an exception occurs, the appropriate 999 response is sent back to the clearinghouse.

Special Test Processing:

If the ISA15 (Usage Indicator) is set to T (Test Data), then the X12 request ISA10, ISA11, GS04 and GS05 date and time elements are returned in the X12 response. This allows for regression test tools to validate expected data/time responses in those fields. If the ISA15 (Usage Indicator) is set to P (Production Data), then the date and time fields are populated with the current date and time.

3.2 X12 TRANSACTION AUTHORIZATION TESTS

The following table defines the “authorization tests” to be processed on receipt of each X12 270 request.

The authorization tests are 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.

		TA1 Response		999 Response
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HIPAA Element	Authorization Tests	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 Payer (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

3.3 X12 TRANSACTION ENVELOPE TEST VALIDATION

The following table defines the “envelope tests” to be processed on receipt of each X12 270 request.

The envelope tests are 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	
IEA 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	N/A
IEA 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	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	IEA02 value not = 1 indicating multiple or no GS segments received	024	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TS Segments	Transaction Sets Included count in GE01 does 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	NA
TS Segments	GE01 value not = 1 indicating the multiple or no TS segments received	024	N/A	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 = 1.	024	N/A	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 = 1.	024	N/A	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 = 1.	024	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

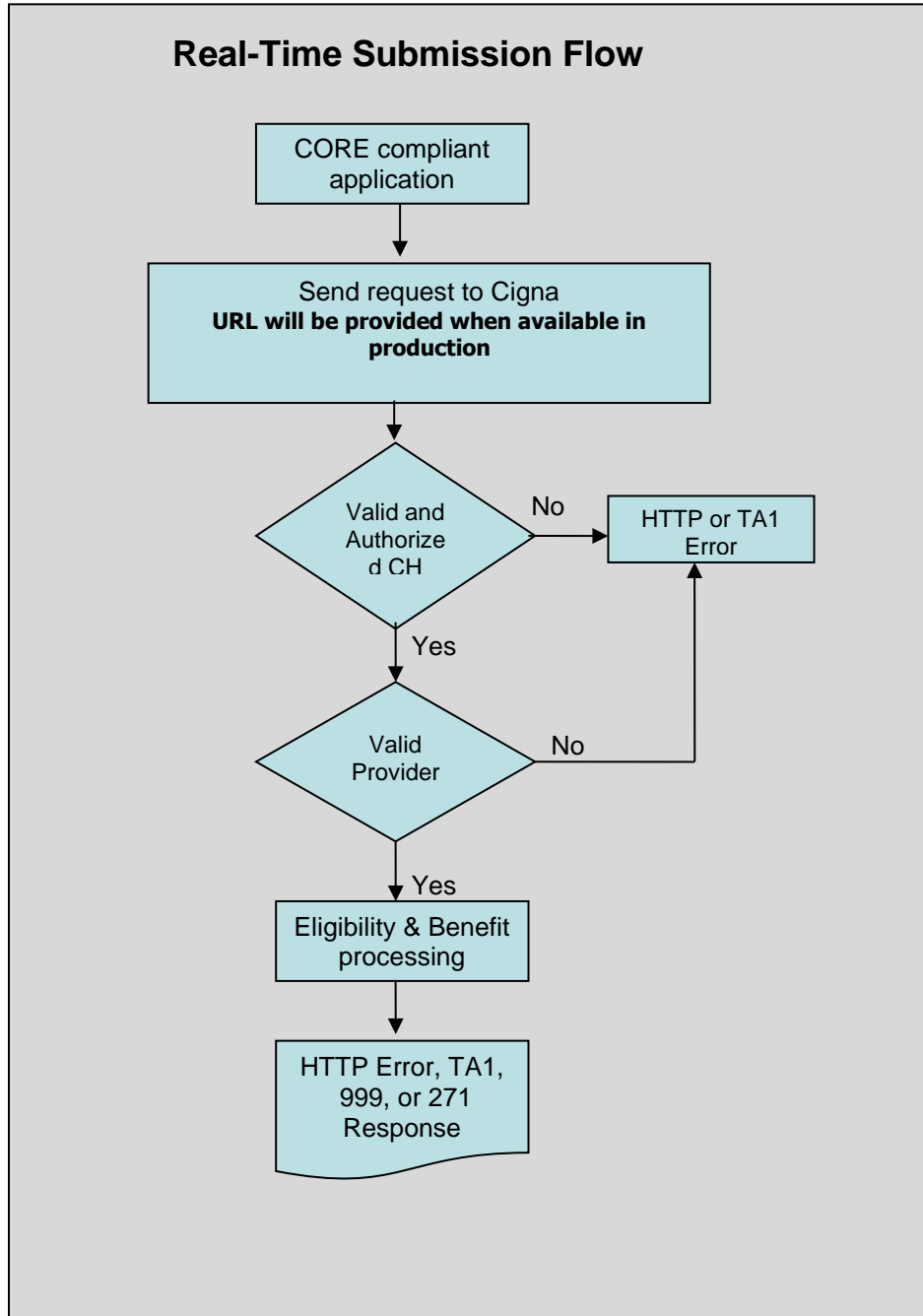
HL Segment (HL03=23) Dependent Loop	Number of dependent loops > 1.	024		N/A	N/A	N/A	N/A	N/A	N/A	N/A
SE Segment	Number of Included Segments Count in SE01 does not match actual segment count	N/A		R	4	N/A	N/A	N/A	N/A	N/A

4. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

4.1 SYSTEM AVAILABILITY

The 270/271 is available 24 hours a day, 7 days a week. However, to allow for maintenance, the 270/271 transactions may be unavailable on some weekends.

4.2 PROCESS FLOWS



4.3 TRANSMISSION ADMINISTRATIVE PROCEDURES

Real-time 270 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 CORE compliant system if the HTTP post reply message is not received within the 20 second response period.

4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

In conformance with CORE II 270 Connect Rule, Cigna now supports HTTP + MIME and SOAP + WSDL 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. Click here to see detailed specifications: [CAQH CORE 270 Rule](#)

Protocol	Specifications
Protocol Family:	TCP/IP
Application Protocol:	http (secure)
HTTP Language:	HTML
HTTP Method:	POST
HTML element for "X12 transaction data":	MIME
MIME Input Element Name:	Payload
Form Encoding Type:	"multipart/form data"

Protocol	Specifications
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
Formatting Type:	"application/soap+xml"

4.5 PASSWORDS

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

4.6 SECURITY AND AUTHENTICATION REQUIREMENTS

Trading partners connecting with HTTP + MIME or SOAP + WSDL must obtain a 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 Eligibility & Benefits transaction, contact your Cigna Trading Partner Relationship Manager.

5.2 EDI TECHNICAL ASSISTANCE

For technical questions related to Cigna's Eligibility and Benefits transaction, contact the Customer Support Center for technical questions at 1 800.810.3388.

5.3 PROVIDER SERVICE NUMBER

Contracting, Provider Service and Credentialing questions:

- Medical and Behavioral PPO and OAP claims – 1.800.88Cigna (1.800.882.4462)
- All other Behavioral claims – 1.800.926.2273
- Dental claims – 1.800.Cigna24 (1.800.244.6224)

5.4 APPLICABLE WEBSITES / EMAIL

For information about Cigna 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 (270)

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 Present Note: Value should always be 'spaces'
	ISA07	Interchange ID Qualifier of Receiver	'30'	U.S. Federal Tax Identification Number
	ISA08	Interchange Receiver ID	'06-1059331'	Interchange Receiver ID for Cigna
	ISA11	Repetition Separator	'^'	Repetition 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 cannot be used by any of the data elements. Whatever value that is sent in is used and returned on the response
	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information	'P' 'T'	'P': Production Data Note: Date and time fields are populated with current date and time. 'T': Test data Note: Date and Time fields in ISA09, ISA10, G'0', GS05, BHT04 and BHT05 are returned in the X12 response
	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 cannot be used by any of the data elements

				Whatever value is sent in is used and returned on the response
IEA		Interchange Control Trailer Segment	~	Interchange Control Trailer 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 cannot be used by any of the data elements. Whatever value that is sent in is used and returned on the response

6.2 GS – GE (270)

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		
	GS03	Application Receiver's Code	'CIGNA'	Code identifying party receiving transmission; Value should always be Cigna.

6.3 ISA – IEA (271)

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 Identification Number
	ISA06	Interchange Sender ID	'06-1059331'	Interchange Sender ID for Cigna

6.4 GS – GE (271)

Sel ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group header		
	GS02	Application Sender's Code	'CIGNA'	Code identifying party sending transmission; value should always be 'Cigna'.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Cigna became CAQH® CORE v.1.1.0 recertified on 7/7/2023.

7.1 270 REQUEST:

7.1.1 SUPPORTED STCs

Eligibility requests for any explicit service type code (EB03) as well as a generic service type code "30" will generate a 271 response. The following table displays the Service Type codes that are generally supported by Cigna. Due to differences between benefit plans, not all STCs are supported for all plans.

Service Type Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical (Used for Specialty Drugs as of June 2015)
10	Blood Charges
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
22	Social Work
23	Diagnostic Dental

Service Type Code	Description
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
32	Plan Waiting Period
33	Chiropractic
35	Dental Care
36	Dental Crowns
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental
42	Home Health Care
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical

Service Type Code	Description
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Ophthalmological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physic-an) Visit - Inpatient
A0	Professional (Physician)-Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism

Service Type Code	Description
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam (Use for Routine Vision Exam only)
AO	Lenses
AR	Experimental Drug Therapy
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BI	Nursery
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology
BR	Eye
MH	Mental Health
UC	Urgent Care

7.1.2 SUPPORTED PATIENT SEARCHES

Cigna will identify the patient for whom benefit data is requested if the patient's identification number 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 last name, patient date of birth
- Patient ID number, patient last name, patient last name
- Patient first name, patient last name, patient date of birth
- Patient ID number, patient date of birth

7.1.3 PROCEDURE CODES

Cigna does not support Procedure Code (EB13) requests and will return a general 30 response when they are received.

7.1.4 DIAGNOSIS CODES

Cigna does not support Diagnosis Code (element and EB14) in requests and will ignore any Diagnosis Codes submitted on the 270.

7.1.5 PLACE OF SERVICE CODES

Cigna does not support Place of Service Codes (III Segment) in requests and will ignore any Place of Service Codes submitted on the 270.

7.2 271 RESPONSE:

7.2.1 UNABLE TO IDENTIFY CUSTOMER

Cigna has implemented the CAQH Phase II CORE 259: Eligibility and Benefits 270/271 AAA Error Code Reporting Rule and will return the following AAA codes when a customer cannot be identified.

Result	Submitted Identifiers				Subscriber/Dependent AAA Returned in Response	
	ID	DOB	LN	FN		
Customer not found	x	x	x	x	72/64	
	x	x	x		75/67	73/65
	x	x			75/67	73/65
	x	x		x	75/67	73/65
	x		x	x	75/67	58/58
			x	x	75/67	72/64
Multiple Records Found. Tie cannot be broken	x	x	x	x	76/68	72/64
	x	x	x		76/68	73/65
	x	x			76/68	73/65
	x	x		x	76/68	73/65
	x		x	x	76/68	58/58
			x	x	76/68	72/64

7.2.2 GENERAL “30” RESPONSE

The 271 response for a service type code “30” (Health Benefit Plan Coverage) will include the following service type codes when they are a covered benefit:

Service Type Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab

Service Type Code	Description
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical (Used for Specialty Drugs as of June 2015)
10	Blood Charges
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
42	Home Health Care
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
61	In-vitro Fertilization
62	MRI/CAT Scan
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
73	Diagnostic Medical
72	Inhalation Therapy

Service Type Code	Description
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
86	Emergency Services
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A3	Professional (Physician) Visit - Home
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam (Use for Routine Vision Exam only)
AO	Lenses
AR	Experimental Drug Therapy

Service Type Code	Description
BD	Cognitive Therapy
BG	Cardiac Rehabilitation
BH	Pediatric
BK	Orthopedic
BL	Cardiac
BN	Gastrointestinal
BQ	Neurology
BR	Eye
MH	Mental Health
UC	Urgent Care

Note: In limited instances (e.g. when a customer's plan is being loaded at the time of the request or when a source system has an unexpected outage) we may only return the CORE I required benefits listed below in response to a 30 request:

- 1 - Medical Care
 - 33 - Chiropractic
 - 35 - Dental Care
 - 47 - Hospital
 - 86 - Emergency Services
 - 88 - Pharmacy
 - 98 - Professional (Physician) Visit - Office
 - AL - Vision (Optometry)
 - MH - Mental Health
 - UC - Urgent Care
-
- Cigna's response to a general "30" inquiry will contain the member's status (Active or Inactive) for CORE required benefits. (These CORE benefits exceed the minimum benefit categories required for compliance.) The response may also contain other specific benefits as available in conjunction with the member's benefit plan. The absence of a specific benefit is not meant to imply that the benefit is not covered and should not be construed as such.
 - Service Type Code 1 indicates the status of the member's medical benefits.
 - Service Type Code 30 represents the member's plan level benefits – deductible, out of pocket, coinsurance. In most cases, both the annual deductible, out-of-pocket and limit amounts, or when applicable, lifetime limits, and the remaining amounts will be provided. Note that when the plan is a Mental Health, Pharmacy or Vision plan, remaining amounts will not be reported.
 - Some Service Type Codes may also return benefit rows containing EB01=CB to indicate the necessity for precertification.

- Most Covered Service Type Codes will contain the appropriate benefit information – deductible (if different from plan level deductible), co-payment, and/or coinsurance (if different from plan level coinsurance). Any limits or remaining amounts (dollars, visits, days, etc.) will be reported for medical or dental STCs. Mental Health, pharmacy and vision STCs will only have limits, not remaining amounts reported. Requests for prior dates of service will not be returned with remaining amounts, nor will requests for future dates that are outside the customer's plan year, unless the customer's plan has plan year carryover provisions.
- Service Type Code 88 represents a benefit that may be embedded in a medical product or be available as a standalone benefit. Therefore, an 88 response may be available in absence of standard medical coverage. Likewise, it may be not covered.
- Service Type Code AL represents a benefit that may be embedded in a medical product or be available as a standalone benefit. Therefore, an AL response may be available in absence of standard medical coverage. Likewise, it may be not covered.
- When part of a standard 30 request, Service Type Code 35 will be responded to at a high level. A specific 35 request will return detailed Dental benefit information.
- When part of a standard 30 request, Service Type Code MH will be responded to at a high level when active. A specific MH request will return detailed behavioral benefit information as available.
- Cigna's response to an explicit CORE II benefit will contain the member's status (Active, Inactive, or Not Covered) for the requested Service Type Code. When available, plan level medical, dental or behavioral benefits will be returned (Service Type Codes 1 and 30, 35, or MH), as applicable.
- Cigna's response to an explicit non-CORE benefit will contain the member's status as active or inactive for the requested Service Type Code. When available, plan level medical, dental or behavioral benefits will be returned (Service Type Codes 1, and 30, 35 or MH) as applicable.
- Some STCs have benefits for more than one plan type (i.e., diagnostic x-ray benefits could exist in a customer's medical, dental and/or behavioral plans). When one of these STCs is requested, and if the member has more than one plan, the relevant benefits for each plan will be returned with a message noting the plan type. However, if a Health Care Provider Taxonomy Code is submitted in the 2000B, 2100C or 2100D loop, and that code can be aligned to a plan type (i.e. Dentist taxonomy code is aligned to Dental plans) then only the benefits for that plan type will be returned. The taxonomy code will also be returned since it was used to determine benefits.
- NOTE: A non-CORE explicit Service Type Code may be available for one benefit plan but not for another, depending on the structure of the benefit plan. As such, an explicit non-service type code response may be returned for one plan that may result in a response of EB*V for another.
- An EB*V response to a request for an explicit non-CORE service type code does not imply that the benefit is not covered and should not be construed as such.

7.2.3 SUPPORTED GROUP RESPONSES

For most benefit plans, Cigna supports the following groups & will return the following STCs when the group STC (Bold) is requested:

Group	Service Type Code	Description
Behavioral	MH	Mental Health
Behavioral	4	Diagnostic X-Ray
Behavioral	7	Anesthesia
Behavioral	22	Social Work
Behavioral	A4	Psychiatric
Behavioral	A5	Psychiatric - Room and Board
Behavioral	A6	Psychotherapy
Behavioral	A7	Psychiatric - Inpatient
Behavioral	A8	Psychiatric - Outpatient
Behavioral	BB	Partial Hospitalization (Psychiatric)
Behavioral	BC	Day Care (Psychiatric)
Cardiac	BL	Cardiac
Cardiac	73	Diagnostic Medical
Cardiac	98	Professional (Physician) Visit - Office
Cardiac	BG	Cardiac Rehabilitation
Chiro	33	Chiropractic
Chiro	4	Diagnostic X-Ray
Dental	35	Dental Care
Dental	4	Diagnostic X-Ray
Dental	7	Anesthesia
Dental	23	Diagnostic Dental
Dental	24	Periodontics
Dental	25	Restorative
Dental	26	Endodontics
Dental	27	Maxillofacial Prosthetics
Dental	28	Adjunctive Dental Services
Dental	32	Plan Waiting Period
Dental	36	Dental Crowns
Dental	38	Orthodontics
Dental	39	Prosthodontics
Dental	40	Oral Surgery
Dental	41	Routine (Preventive) Dental
Family Planning	82	Family Planning
Family Planning	61	In-vitro Fertilization
Family Planning	83	Infertility
Family Planning	84	Abortion
Gastrointestinal	BN	Gastrointestinal

Group	Service Type Code	Description
Gastrointestinal	4	Diagnostic X-Ray
Gastrointestinal	5	Diagnostic Lab
Gastrointestinal	98	Professional (Physician) Visit - Office
Hospital	47	Hospital
Hospital	17	Pre-Admission Testing
Hospital	48	Hospital - Inpatient
Hospital	50	Hospital - Outpatient
Hospital	51	Hospital - Emergency Accident
Hospital	52	Hospital - Emergency Medical
Hospital	53	Hospital - Ambulatory Surgical
Medical	1	Medical Care
Medical	2	Surgical
Medical	3	Consultation
Medical	4	Diagnostic X-Ray
Medical	5	Diagnostic Lab
Medical	12	Durable Medical Equipment Purchase
Medical	18	Durable Medical Equipment Rental
Medical	42	Home Health Care
Medical	45	Hospice
Medical	54	Long Term Care
Medical	69	Maternity
Medical	73	Diagnostic Medical
Medical	76	Dialysis
Medical	83	Infertility
Medical	AG	Skilled Nursing Care
Neurology	BQ	Neurology
Neurology	4	Diagnostic X-Ray
Neurology	5	Diagnostic Lab
Neurology	98	Professional (Physician) Visit - Office
Orthopedic	BK	Orthopedic
Orthopedic	4	Diagnostic X-Ray
Orthopedic	12	Durable Medical Equipment Purchase
Orthopedic	98	Professional (Physician) Visit - Office
Pharmacy	88	Pharmacy
Pharmacy	89	Free Standing Prescription Drug
Pharmacy	90	Mail Order Prescription Drug
Pharmacy	91	Brand Name Prescription Drug

Group	Service Type Code	Description
Pharmacy	92	Generic Prescription Drug
Professional (Physician)	96	Professional (Physician)
Professional (Physician)	99	Professional (Physician) Visit - Inpatient
Professional (Physician)	A0	Professional (Physician) Visit - Outpatient
Professional (Physician)	A1	Professional (Physician) Visit - Nursing Home
Professional (Physician)	A3	Professional (Physician) Visit - Home
Rehabilitation	A9	Rehabilitation
Rehabilitation	AB	Rehabilitation - Inpatient
Rehabilitation	AC	Rehabilitation - Outpatient
Rehabilitation	AD	Occupational Therapy
Rehabilitation	AE	Physical Medicine
Rehabilitation	AF	Speech Therapy
Rehabilitation	BF	Pulmonary Rehabilitation
Rehabilitation	BG	Cardiac Rehabilitation
Substance Abuse	AI	Substance Abuse
Substance Abuse	AJ	Alcoholism
Substance Abuse	AK	Drug Addiction
Surgical	2	Surgical
Surgical	7	Anesthesia
Surgical	8	Surgical Assistance
Surgical	20	Second Surgical Opinion
Surgical	97	Anesthesiologist
Vision	AL	Vision (Optometry)
Vision	AM	Frames
Vision	AN	Routine Exam (Use for Routine Vision Exam only)
Vision	AO	Lenses

7.2.4 TIERED BENEFITS

Some customers have tiered in-network benefits (reduced cost sharing for some Health Care Professionals and Facilities). Cigna's responses will generally provide the benefits applicable to each tier and will add a message to the EB* row that identifies that these benefits are applicable when services are provided by participants in either the Cigna Care Network (CCN) or the Client Specific Network (CSN). Client Specific Network (CSN) benefits will be identified with detail to indicate the health care professional or facility the benefit is associated. For example, "Services rendered through Hospital A and Affiliates".

7.2.5 HRA INFORMATION

HRA starting and remaining amounts will be reported as follows:

- EB*F*IND*30***29*3300~
- MSG*HRA Balance~
- EB*F*IND*30***23*5000~
- MSG*HRA remaining Balance~

7.2.6 CIGNA MESSAGES

Cigna will often provide additional messages including:

- When the requestors network participation status can be determined, Cigna will send a Message on the EB1*30 Row that indicates whether the Health Care Professional (or facility) is in or out of the customer's medical network.
 - For example : EB*1**30**Choice Fund HSA Open Access Plus~
MSG*Healthcare professional is in network based on NPI ID provided in request~
- When a customer's deductibles or maximums cross accumulate between plans (medical, dental, behavioral, pharmacy or vision) or between different service type codes, messages will be added to the appropriate EB* segment.
 - For example : EB*C*FAM*30***23*4000.00~
MSG*IG*Accumulators are shared between medical and mental health coverage~
- When a customer's dental benefits are determined by a patient charge schedule, messages will be added to the appropriate EB segments.
 - For example : EB*B**35****20****Y~
MSG*Patient charge schedule K1-V7~

7.2.7 CIGNA CARELINK NETWORK

Customers that participate in Cigna's Carelink Network will have an additional EB*1 30 row that will display Carelink in EB05.

7.2.8 RESTRICTED SHARED RISK NETWORKS

Customers that participate in one of Cigna's restricted shared risk networks will have an additional EB*N 30 row. The name and contact information for the Provider Organization that manages the network will be provided on the associated 2120 loop.

For example:

- EB*N~
LS*2120I*13*2*SUPERCLINIC~
N3*PO BOX 99999~
N4*HOUSTON*TX*77230~

7.2.9 PATIENTS WITH THIRD-PARTY ADMINISTRATOR PLANS (TPA)

For Payer Solutions and Oscar Clients, when verifying eligibility for patients with a third-party administrator (TPA) plan. If we confirm a member is eligible using Cigna Healthcare and TPA data, the 271 response will have both EB*U or EB*I. The TPA name and telephone number will be provided in the MSG segment for the requestor to confirm further eligibility or benefit information.

8. ACKNOWLEDGEMENTS AND/ OR REPORTS

Cigna will generate the TA1/999 acknowledgement for a 270 X12 Real Time transaction to indicate HIPAA/translation errors. Otherwise, the associated 271 response is returned.

9. TRADING PARTNER AGREEMENTS

To initiate the evaluation process for potentially becoming a Trading Partner with Cigna, please contact your Trading Partner Relationship Manager.

In your request, please include the following information:

- Company Name and Address
- Primary and Alternate Contact Information (Email Address and Phone Numbers)
- Supported Transactions (Current Environment)
- Proposed Transactions
- Provider pricing model
- High Level Workflow of Proposed Business Model
- Current Compliances (HIPAA/ANSI, etc.)
- File Submission Size and Frequency (Current Environment)

Cigna requires all Trading Partners meet the minimum requirements:

- CAQH CORE Phase I & Phase II certified
- EHNAC accreditation (Electronic Healthcare Network Accreditation Commission), Maryland regulation (<http://www.ehnac.org>)
- HIPAA Compliance
- ANSI Compliant

Note: Cigna reviews each trading partner request against the needs of its existing trading partner arrangements.

10. TRANSACTION SPECIFIC INFORMATION (Loops)

This section describes how TR3's adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Cigna has something additional, over and above the information in the TR3's. That information can:

- Limit the repeat of loops, or segments with the length of a simple data element
- Specify a sub-set of the TR3's internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically.

In addition to the row for each segment, one or more additional rows are used to describe Cigna's usage for composite and simple data elements and for other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment. Further elaboration of these Cigna specific usage rules can be found in Section 9.

10.1 270 – HEALTH CARE ELIGIBILITY BENEFIT INQUIRY (05010X279A1)

The below table represents only those fields that Cigna requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

Pg#	Loop ID	Reference	Name		Notes/Comments
69	2100A	NM1	NM1- INFORMATION SOURCE NAME		Information Source
69	2100A	NM101	Entity Identifier Code	'PR'	Payer Identifier Code
70	2100A	NM102	Information Source Name	'2'	Non-Person Entity
70	2100A	NM103	Organization Name	'Cigna HealthCare'	Organization Name for Cigna
71	2100A	NM-08	Identification Code Qualifier	'FI'	FI: Federal Tax Payer ID
71	2100A	NM109	Identification Code	'06-1059331'	Identification Code for Cigna
75	2100B	NM1	NM1 - INFORMATION RECEIVER NAME		
78	2100B	NM109	Identification Code		Identification Code of Provider requesting response. If NM101 is 1P (Provider), Cigna may use the submitted identifier to determine the provider's network participation status for the member.

84	2100B	PRV	PRV - INFORMATION RECEIVER PROVIDER INFORMATION		
85	2100B	PRV03	Reference Identification		<ul style="list-style-type: none"> Submitted taxonomy code will be used to return benefits for an explicit STC that is valid for different plan types. (i.e. Diagnostic X-ray benefits exist for Medical and Dental plans, if a taxonomy code for a dental HCP is submitted, only the Dental Diagnostic X-ray benefits will be returned.) If a taxonomy code is submitted in 2100C/D-PRV, this taxonomy code is ignored
103	2100C	PRV	PRV - PROVIDER INFORMATION		
106	2100C	PRV03	Reference Identification		<ul style="list-style-type: none"> Submitted taxonomy code will be used to return benefits for an explicit STC that is valid for different plan (i.e. Diagnostic X-ray benefits exist for Medical and Dental plans, if a taxonomy code for a dental HCP is submitted, only the Dental Diagnostic X-ray benefits will be returned.)
113	2100C	HI	HI - SUBSCRIBER HEALTH CARE DIAGNOSIS		Not supported by Cigna. Subscriber diagnosis codes will not be considered in the request.
124	2110C	EQ	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY		Subscriber Eligibility & Benefit Information. Cigna supports up to and including 99 occurrences of the EQ segment per transaction
125	2110C	EQ01	Service Type Code		Refer to Section 7 for additional details
130	2110C	EQ02	Composite Medical Procedure Identifier		Not supported on Cigna inquiry. Cigna will return benefits like a STC "30" request
134	2110C	EQ03	Coverage Level Code	'FAM'	Not supported on Cigna Inquiry. Cigna will return benefits only for Individual submitted on the 270.
134	2110C	EQ05	Composite Diagnosis Code Pointer		Not supported by Cigna. Submitted diagnosis codes will not be considered in the request.
136	2110C	AMT	AMT - SUBSCRIBER SPEND DOWN AMOUNT		Not used by Cigna
137	2110C	AMT	AMT - SUBSCRIBER SPEND DOWN		Not used by Cigna

			TOTAL BILLED AMOUNT		
138	2110C	III	III - SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY INFORMATION		Not supported by Cigna.
140	2110C	III02	Industry Code		Not supported by Cigna. Place of Service will be considered in the request.
160	2100D	PRV	PRV - PROVIDER INFORMATION		
163	2110D	PRV03	Reference Identification		Submitted taxonomy code will be used to return benefits for an explicit STC that is valid for different plan types (i.e. Diagnostic X-ray benefits exist for Medical and Dental plans, if a taxonomy code for a dental HCP is submitted, only Dental diagnostic X-ray benefits will be returned.)
170	2100D	HI	HI - DEPENDENT DEATH CARE DIAGNOSIS CODE		Not supported by Cigna. Submitted diagnosis codes will not be considered in the request.
181	2110D	EQ	EQ - SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY		Cigna supports up to and including 99 occurrences of the EQ segment per transaction
182	2100D	EQ01	Service Type Code		Refer to Section 7 for additional details
186	2100D	EQ02	Composite Medical Procedure Identifier		Not supported on Cigna inquiry. Cigna will return benefits like a STC "30" request
190	2100D	EQ03	Coverage Level Code	'FAM'	Not supported on Cigna Inquiry. Cigna will return benefits only for the individual submitted on the 270.
190	2100D	EQ05	Diagnosis Code Pointer		Not supported by Cigna. Submitted diagnosis codes will not be considered in the request.
192	2100D	III	III - DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY INFORMATION		

10.2 271 – HEALTH CARE ELIGIBILITY BENEFIT RESPONSE (005010X279A1)

The below table represents only those fields that Cigna requires a specific value in or has additional guidance on what the value in the response means. The table does not represent all of the fields that will be returned in a successful transaction. The TR3 should be reviewed for that information.

Pg#	Loop ID	Reference	Name		Notes/Comments
218	2100A	NM1	NM1 - INFORMATION SOURCE NAME		Information Source
219	2100A	NM103	Organization Name	'CGLIC' 'CHLIC' 'Cigna Behavioral Health' 'Medicare Advantage/Cigna' 'Cigna Dental Health'	Legal entity administering customer's benefits
220	2100A	NM109	Identification Code	'06-1059331' '59-1031071' '41-1648670' '86-0334392' '59-2308055'	Tax ID for: CGLIC CHLIC Cigna Behavioral Health Medicare Advantage/Cigna Cigna Dental Health
221	2100A	PER	PER - INFORMATION SOURCE CONTACT INFORMATION		Source Contact for Strategic Alliance Role. When Cigna has an SAR (Shared Alliance Repricing) role or if Cigna is a Supporting Party, Plan Coverage Description (EB05) will have the Alliance Partner's Name. The Alliance Partner's contact information will be provided in the PER segment of the Loop 2120C
222	2100A	PER02	Name		'Customer Support' or blank
222	2100A	PER03	Communication Number Qualifier	'TE'	Telephone Identification Code
223	2100A	PER04	Communication Number	Format: AAABBBCC CC	Cigna Customer Support Telephone Number
224	2100A	PER05	Communication Number Qualifier	'UR'	Uniform Resource Locator (URL)
225	2100A	PER06	Communication Number	Format: hostname/ uri	Cigna's URL

249	2100C	NM1	NM1 - SUBSCRIBER NAME		Subscriber Information
251	2100C	NM108	Identification Code Qualifier	'MI'	MI: Member Identification Number 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 271's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions.
253	2100C	REF	REF - SUBSCRIBER ADDITIONAL IDENTIFICATION		
254	2100C	REF01	Reference Identification Number	'N6'	Code for Plan Network Identification Number
256	2100C	REF02	Reference Identification	Varies by member	Example: '030 NY806 FLEX*HMO CODE, NETWORK ID, LOB.~'
256	2100C	REF03	Description	Definition of values in 'HMO Code, Network ID, LOB'	Description of values passed in REF02
283	2100C	DTP	DTP - SUBSCRIBER DATE		
284	2100C	DTP03	Date Time Period		<ul style="list-style-type: none"> Eligibility and Plan dates in 2100C are for the customer's primary plan relevant to this request. The primary plan selection is dependent on the submitted STCs and the customer's coverage. If the customer has a Cigna medical plan and the request is for a generic 30 or an STC that is related to medical, the medical plan will be considered primary. The same logic will be applied for dental, behavioral, pharmacy and vision plans and STCs. If the requested-STC is not appropriate for the customer's coverage (e.g. Medical STC , but the customer only has a Dental plan) and the, the primary plan is selected using the following hierarchy: 1) medical,

					<p>2) behavioral, 3) dental, 4) pharmacy and 5) vision.– If a member has multiple plans and those dates differ from the primary plan, the dates will be passed in the 2110 loop and will contain qualifiers of 348 and/or 349, as applicable</p> <ul style="list-style-type: none"> When all coverage dates are equal, only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy
289	2110C	EB	EB - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION		
291	2110C	EB01	Eligibility or Benefit Information Code		Refer to section 7 for additional details
293	2110C	EB03	Service Type Code		Refer to Section 7 for additional details
314	2110C	REF	REF - SUBSCRIBER ADDITIONAL IDENTIFICATION		
316	2110C	REF02	Reference Identification	1L	Reference ID 1L: Policy/Account Number.
316	2110C	REF03	Description		Policy Account Name in REF02
317	2110C	DTP	DTP - SUBSCRIBER ELIGIBILITY/BENEFIT DATE		
317	2110C	DTP01	Date/Time Qualifier	'193', '194', '348', '349', '636'	<ul style="list-style-type: none"> Qualifiers 356 and, when applicable, 357 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end date qualifiers. 348 and/or 349 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100C loop. <p>Qualifier 290 is used to indicate the effective date for coordination of benefits used. Qualifier 636 is used to indicate the last coordination of benefits verification date. Qualifiers 193 and 194 may be returned to</p>

					indicate deductible date variances from other benefit dates.
318	2110C	DTP03	Date Time Period		<ul style="list-style-type: none"> When EB01 = "R" (COB) field is populated with the other carrier's policy Effective/Cancel Dates, as reported to Cigna. Otherwise, if a customer has secondary plan(s) and a benefit whose date differs from the date reported in 2100C, the dates for the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307 When all coverage dates are equal only the 2100 loop no dates will be reported in the 2110C loop
322	2110C	MSG	MSG - MESSAGE TEXT		
323	2110C	MSG01		'PHS+'PHS'	<ul style="list-style-type: none"> The message 'PHS' or 'PHS+' indicates the customer's Medical Management Service Level i.e. EB*1**1~MSG*PHS+~
328	2115C	LS	SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION		
328	2115C	LS01	Loop Identifier		
329	2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME		
330	2120C	NM101	Entity Identifier Code	'PR'	Payer Identifier Code
331	2120C	NM102	Information Source Name	'2'	Non-Person Entity
331	2120C	NM103	Organization Name		Alliance Partner's Name
339	2120C	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION		
340	2120C	PER01	Contact Function Code		'IC'
340	2120C	PER02	Name		Alliance Partner's Name

341	2120C	PER03	Communication Number Qualifier	'TE'	Telephone Identification Code
341	2120C	PER04	Communication–Number	Format: AAABBBCC CC	Alliance Telephone Number
342	2120C	PER05	Communication Number Qualifier	'EX' or 'TE'	(Optional) Telephone or Telephone Extension Identification Code
342	2120C	PER06	Communication Number	Format: AAABBBCC CC	(Optional) Alliance Phone Extension or Second Phone Number
343	2120C	PER07	Communication Number Qualifier	'UR'	Uniform Resource Locator (URL)
343	2120C	PER08	Communication Number	Format: hostname/ url	Alliance–Website
346	2120C	LE	LOOP TRAILER		
346	2120C	LE01	Loop Identifier		
354	2100D	NM1	NM1 - DEPENDENT NAME		Dependent Information
357	2100D	REF	REF - SUBSCRIBER ADDITIONAL IDENTIFICATION		Subscriber Additional ID for Managed Care Members
358	2100D	REF01	Reference Identification Qualifier	'N6'	Code for Plan Network Identification Number
360	2100D	REF02	Reference Identification	Varies by member	Example: '030 NY806 FLEX*HMO CODE, NETWORK ID, LOB.~'
360	2100D	REF03	Description	Definition of values in 'HMO Code, Network ID, LOB~'	Description of values passed in REF02
387	2100D	DTP	DTP - SUBSCRIBER DATE		
388	2100D	DTP03	Date Time Period		Eligibility and Plan dates in 2100D are for the customer's primary plan relevant to this request. The primary plan selection is dependent on the submitted STCs and the customer's coverage. If the customer has a Cigna medical plan and the request is for a generic 30 or an STC that is related to medical, the medical plan will be considered primary. The same logic will be applied for dental, behavioral, pharmacy and vision plans and STCs. If the customer's coverage and the requested STC, the

					<p>primary plan is selected using the following hierarchy: 1) medical, 2) behavioral, 3) dental, 4) pharmacy and 5) vision. If a member has multiple plans and those dates differ from the primary plan, the dates will be passed in the 2110 loop and will contain qualifiers of 348 and/or 349, as applicable.</p> <p>When all coverage dates are equal only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy</p>
393	2110D	EB	EB - DEPENDENT ELIGIBILITY OR BENEFIT EB - DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION		
395	2110D	EB01	Eligibility or Benefit Information Code		Refer to section 7 for additional details.
397	2110D	EB03	Service Type Code		Refer to Section 7 for additional details
420	2110D	DTP	DTP - DEPENDENT ELIGIBILITY/BENEFIT DATE		
420	2110D	DTP01	Date/Time Qualifier	'193', '194', '348', '349', '636'	<ul style="list-style-type: none"> Qualifiers 356 and, when applicable, 357 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end date. Qualifiers 348 and/or 349 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100C loop. Qualifier 290 is used to indicate the effective date for coordination of benefits used. Qualifier 636 is used to indicate the last coordination of benefits verification date. Qualifiers 193 and 194 may be returned to indicate deductible date

					variances from other benefit dates.
421	2110D	DTP03	Date Time Period		<ul style="list-style-type: none"> When EB01 = "R" (COB) field is populated with the other carrier's policy Effective-Cancel Dates, as reported to Cigna. Otherwise, if a customer has secondary plan(s) and a benefit whose date differs from the date reported in 2100C, the dates for the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307 When all coverage dates are equal only the 2100 loop no dates will be reported in the 2110C loop
425	2110D	MSG	MSG - MESSAGE TEXT		
426	2110D	MSG01	Free-form Message Text	'PHS+'PHS'	<ul style="list-style-type: none"> The message 'PHS' or 'PHS+' indicates the customer's Medical Management Service Level i.e. EB*1**1~MSG*PHS+~

11. APPENDICES

11.1 IMPLEMENTATION CHECKLIST

This implementation check list can be used for implementing interactive transactions with a new trading partner. The main steps include:

- A. Register with Trading Partner
- B. Create and sign contract with trading partner
- C. Establish network connectivity
- D. Create a website
- E. Create an application to add the new trading partner and test application
- F. Send test transactions
- G. If testing succeeds, proceed to Go-Live and send production transactions

Additional details for each of the steps above are provided below:

Network Connectivity:

The work for setting up a network will vary based on requirements. However, it is likely the requirements will dictate a dedicated and a redundant circuit.

Website Creation:

In order to implement a new trading partner a website needs to be developed internally. The requirements for volumes, certificate hardware, security, URL's and firewall URL's should be considered.

Testing for Transactions

This transactional testing involves transactions (270/271 & 276/277) with the trading partner.

Go-Live:

For Go-Live, some shake-out transactions will be run for 270/271 transactions. It is recommended that the shake-out transactions include subscriber and/or dependent scenarios. It's possible that shake-out activities can be conducted prior to the actual go-live depending on the environmental constraints of the trading partner.

11.2 BUSINESS SCENARIOS

- A. Eligibility and Benefit request for a Cigna customer having CORE benefit types which are covered "in network" and not covered "out of network".
- B. Eligibility and benefit request for a Cigna customer having CORE benefit types which are covered "in network" and covered "out of network" where 1) the Health Care Professional has been determined to be out of network for the customer and 2) the Customer has a Health Reimbursement Account with remaining funds.
- C. Eligibility and Benefit request for a customer whose claims are adjudicated by a Strategic Alliance partner.
 - For connectivity protocol if "HTTP+MIME" or "SOAP+WSDL" is used, the username and password need to be established between Cigna and that trading partner
- D. Eligibility and Benefit request for a customer with Dental Benefits when a 35 STC is submitted.
- E. Eligibility and Benefit request for a customer with Mental Health Benefits a MH STC is submitted.
- F. Eligibility and Benefit request for a customer in a Client Specific Network. When a 30 STC is submitted.
- G. Eligibility and Benefit request for an STC that is not supported by Cigna.

See the Corresponding Transmission Examples Appendix 2 for the 271 Response for these scenarios.

11.3 TRANSMISSION EXAMPLES

Scenario 1:

1) Eligibility and Benefit request for a customer in a Client Specific Network. When a 30 STC is submitted.

2) Eligibility and Benefit request for a Cigna customer having CORE benefit types which are covered “in network” and not covered “out of network”.

271 responses:

```

ISA*00*      *00*      *30*06-1059331  *ZZ* SENDERIDENTIFIC
*130211*1639*^*00501*000000001*0*T*:-~
GS*HB*CIGNA* SENDERIDENTIFIC *20130211*1639*002*X*005010X279A1~
ST*271*TSC1*005010X279A1~
BHT*0022*11*2013-02-11-16-33-33-IHG-TEST*20130211*163946~
HL*1**20*1~
NM1*PR*2*CGLIC****FJ*06-0303370~
PER*IC**TE*8002446224*UR*cignaforhcp.cigna.com~
HL*2*1*21*1~
NM1*1P*1*Smith*John****XX*1111111112~
HL*3*2*22*0~
TRN*2*2013-02-11-16-33-33-IHG-TEST*922222222~
NM1*IL*1*WOODRUFF*BLOWE****MI*U9300493401~
REF*6P*1212003*WEB IT EXCLUSIVE ACCOUNT_PMHS2~
REF*Q4*912104843~
REF*N6*300 CA813 DC02*HMO CODE, NETWORK ID, LOB~
N3*219 REYNOLDS ALLEY~
N4*CULVER CITY*CA*90232~
DMG*D8*19650507*M~
INS*Y*18*001*25~
DTP*356*D8*20120101~
DTP*346*D8*20130101~
DTP*347*D8*20131231~
EB*1**30*PS*Network POS Open Access~
MSG*PHS+~
EB*A*IND*30****.10****Y~
EB*G*IND*30***22*5000.00****Y~
MSG*Copay applies to the Out-of-Pocket Maximum~
EB*G*IND*30***29*5000.00****Y~
MSG*Copay applies to the Out-of-Pocket Maximum~
EB*G*FAM*30***22*15000.00****Y~
MSG*Copay applies to the Out-of-Pocket Maximum~
EB*G*FAM*30***29*15000.00****Y~
MSG*Copay applies to the Out-of-Pocket Maximum~
EB*A*IND*30****.30****N~
EB*B*IND*AB^AC^AG^A9^45***27*0.00****Y~
EB*CB**AB^AC^AG^A9^BG^13^45^53*****Y*Y~
EB*F*IND*AB^AC^AG^A9***22***DY*60**Y~
EB*F*IND*AB^AC^AG^A9***29***DY*60**Y~
EB*B*IND*AD^AE^AF^BF***27*0.00****U*Y~
MSG*Specialist (Short Term Rehabilitation)~
III*ZZ*12~
EB*F*IND*AD^AE^AF^BF^33***22***VS*90*U*Y~
MSG*Specialist (Short Term Rehabilitation)~
MSG*This benefit combines with Specialist (Short Term Rehabilitation) PCP (Short Term Rehabilitation)~
MSG*PCP (Short Term Rehabilitation)~
.....
.....
EB*B*IND*A0^UC^19^2^3^51^52^68^81^86^96^98^99***27*10.00****U*Y~

```

MSG*Service rendered at Universal On-Site Team Clinic~
 EB*B*IND*A0^A1^A3^4^42^5^56^6^72^75^96^99***27*0.00****U*Y~
 EB*B*IND*BD^BH^BR^2^3^7^71^73^76^78^8^82^83^97^98***27*35.00****U*Y~
 MSG*Specialist Office Visit~
 EB*B*IND*BG***27*35.00****Y~
 EB*F*IND*BG***22***VS*36**Y~
 EB*F*IND*BG***29***VS*36**Y~
 EB*CB*IND*48*****U*Y~
 EB*B*IND*50***27*200.00****Y*Y~
 EB*CB*IND*50*****Y*Y~
 EB*B*IND*82***27*0.00****U*Y~
 MSG*Specialist (Preventive Care)~
 EB*1**1^2^4^5^6^7^8^12^13^18^20^33^42^45^48^50^51^52^53^62^65^68^73^76^78^80^81^82^86^93^98
 ^99^A0^A3^AD^AF^AG^BG^BH^UC^3^10^17^19^56^61^69^71^72^75^79^83^84^96^97^A1^A9^AB^AC^A
 N^BD^BF^BK^BN^BQ^BR^AE*****Y~
 EB*1**47^BL~
 EB*L**1~
 LS*2120~
 NM1*P3*1*MURO*JESUS*R~
 N3*3831 HUGHES AVE # 707~
 N4*CULVER CITY*CA*90232~
 PER*IC**TE*3108387381~
 LE*2120~
 SE*106*TSC1~
 GE*1*002~
 IEA*1*000000001~

Scenario 2: Eligibility and Benefit request for an STC that is not supported by Cigna.

271 responses:

ISA*00* *00* *30*06-1059331 *ZZ* SENDERIDENTIFIC
 *130214*1249**00501*000000001*0*T*~
 GS*HB*CIGNA* SENDERIDENTIFIC *20130214*1249*002*X*005010X279A1~
 ST*271*TSC1*005010X279A1~
 BHT*0022*11*2013-02-14-12-47-08-IHG-TEST*20130214*124907~
 HL*1**20*1~
 NM1*PR*2*CGLIC****FI*06-0303370~
 PER*IC**TE*8002446224*UR*cignaforhcp.cigna.com~
 HL*2*1*21*1~
 NM1*1P*1*Smith*John****XX*1111111112~
 HL*3*2*22*0~
 TRN*2*2013-02-14-12-47-08-IHG-TEST*922222222~
 NM1*IL*1*WOODRUFF*BLOWE****MI*U9300493401~
 REF*6P*1212003*WEB IT EXCLUSIVE ACCOUNT_PMHS2~
 REF*Q4*912104843~
 REF*N6*300 CA813 DC02*HMO CODE, NETWORK ID, LOB~
 N3*219 REYNOLDS ALLEY~
 N4*CULVER CITY*CA*90232~
 DMG*D8*19650507*M~
 INS*Y*18*001*25~
 DTP*356*D8*20120101~
 DTP*346*D8*20130101~
 DTP*347*D8*20131231~

EB*1**30*PS*Network POS Open Access~
 MSG*PHS+~
 EB*1**1^2^4^5^6^7^8^12^13^18^20^33^42^45^4 8^50^51^52^53^62^65^68^73^76^78^80^81^82^86^93^98
 ^99^A0^A3^AD^AF^AG^BG^BH^UC^3^10^17^19^56^61^69^71^72^75^79^83^84^96^97^A1^A9^AB^AC^A
 N^BD^BF^BK^BN^BQ^BR^AE*****N~
 EB*1**AL^46^64^67^54^74^AR^88~
 EB*V**BV~

 EB*1**1^2^4^5^6^7^8^12^13^18^20^33^42^45^48^50^51^52^53^62^65^68^73^76^78^80^81^82^86^93^98
 ^99^A0^A3^AD^AF^AG^BG^BH^UC^3^10^17^19^56^61^69^71^72^75^79^83^84^96^97^A1^A9^AB^AC^A
 N^BD^BF^BK^BN^BQ^BR^AE*****Y~
 EB*1**47^BL~
 EB*L**1~
 LS*2120~
 NM1*P3*1*MURO*JESUS*R~
 N3*3831 HUGHES AVE # 707~
 N4*CULVER CITY*CA*90232~
 PER*IC**TE*3108387381~
 LE*2120~
 SE*129*TSC1~
 GE*1*002~
 IEA*1*000000001~

Scenario 3: Eligibility and Benefit request for a customer with Dental Benefits when a 35
STC is submitted.

271 responses:

ISA*00* *00* *30*06-1059331 *ZZ* SENDERIDENTIFIC
 *130204*1609*^*00501*000000001*0*T*::~~
 GS*HB*CIGNA* SENDERIDENTIFIC *20130204*1609*002*X*005010X279A1~
 ST*271*TSC1*005010X279A1~
 BHT*0022*11*2013-02-04-15-51-23-IHG-TEST*20130204*160950~
 HL*1**20*1~
 NM1*PR*2*LEA NOV-10 ACCOUNT-4 1011040****FI*59-1031071~
 PER*IC*CUSTOMER SERVICE*TE*8002446224*UR*cignaforhcp.cigna.com~
 HL*2*1*21*1~
 NM1*1P*1*Smith*John****XX*1111111112~
 HL*3*2*22*0~
 TRN*2*2013-02-04-15-51-23-IHG-TEST*9222222222~
 NM1*IL*1*KEVIN*PITERSEN****MI*U9300498201~
 REF*6P*1011040*LEA NOV-10 ACCOUNT-4 1011040~
 REF*Q4*U93004982~
 REF*N6*P0002*CORE NETWORK~
 N3*8743 KIR AVE~
 N4*AVON*CT*06001~
 DMG*D8*19600117*M~
 INS*Y*18*001*25~
 DTP*356*D8*20120101~
 DTP*346*D8*20130101~
 DTP*347*D8*20131231~
 EB*1**30*PR*Dental PPO~

EB*I**27^38*****N~
 EB*1**35~
 EB*C*IND*30***23*50.00****W~
 EB*F*IND*30***23*1000.00****W~
 EB*1**23^24^25^26^28^36^39^4^40^41^7*****W~
 EB*A*IND*23****.20****Y~
 MSG*D0120 D0140 D0145 D0418 D0425 D0460 D4910 D4920~
 EB*A*IND*23****.20****N~
 MSG*D0120 D0140 D0418 D0425 D4910 D4920~
 EB*C*IND*23***23*0.00****Y~
 MSG*D0120 D0140 D0460 D4910 D4920~
 EB*C*IND*23***23*0.00****N~
 MSG*D0120 D0140 D0417 D0418 D0425 D4910 D4920~
 EB*A*IND*24****.20****W~
 MSG*D4210 D4211 D4212 D4341 D4342 D4355 D4381~
 EB*A*IND*25****.20****W~
 MSG*D2140 D2150 D2160 D2390 D2391 D2392 D2393 D2394 D2910 D2915 D2940 D2951~
 EB*A*IND*25****.50****W~
 MSG*D2410 D2420 D2430 D2662 D2663 D2664~
 EB*A*IND*26****.20****W~
 MSG*D3110 D3120 D3220 D3920 D3950~
 EB*1**27^38*****Y~
 EB*A*IND*27****.50****Y~
 MSG*D5992~
 EB*A*IND*28****.20****W~
 MSG*D9110 D9410 D9420 D9430 D9440 D9910 D9911 D9930 D9942 D9950 D9951 D9952 D9971~
 EB*A*IND*36****.20****Y~
 MSG*D2799 D2920 D2934 D2970 D2980~
 EB*A*IND*36****.50****Y~
 MSG*D2710 D2712 D2720 D2721 D2722 D2952 D2953 D2954 D2957 D2960 D2961 D2962 D2971
 D2975~
 EB*A*IND*36****.20****N~
 MSG*D2920 D2980~
 EB*A*IND*38****.20****Y~
 MSG*D0470~
 EB*A*IND*39****.20****W~
 MSG*D5410 D5411 D5421 D5422 D5750 D5751 D5760 D5761 D5850 D5851 D6930 D6980~
 EB*A*IND*39****.50****Y~
 MSG*D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5810 D5811 D5820
 D5821 D5860 D5861 D5875 D5999 D6092 D6093 D6094 D6190 D6194 D6205 D6210 D6211 D6212
 D6214 D6240 D6241 D6242 D6245 D6250 D6251 D6252 D6253 D6254 D6545 D6548 D6600 D6601
 D6602 D6603~
 MSG*D6604 D6605 D6606 D6607 D6608 D6609 D6610 D6611 D6612 D6613 D6614 D6615 D66 24 D6634
 D6710 D6720 D6721 D6722 D6740 D616751 D6752 D6780 D6781 D6782 D6783 D6790 D6791 D6792
 D6793 D6794 D6795 D6940 D6970 D6972 D6973 D6975 D6976 D6977 D9120~
 EB*F*IND*4***23***VS*2**W~
 MSG*D0270 D0272 D0273 D0274 D0277~
 EB*F*IND*4***29***VS*2**W~
 MSG*D0270 D0272 D0273 D0274 D0277~
 EB*A*IND*40****.20****Y~
 MSG*D7111 D 140 D7210 D7412 D7413 D7414 D7415 D7440 D7441 D7450 D7451 D7465 D7471 D7472
 D7473 D7485 D7490 D7510 D7511~
 EB*A*IND*7*****.20****N~
 MSG*D9210 D9211 D9212 D9215 D9220 D9221 D9230 D9241 D9242 D9248~
 EB*C*IND*30***29*42.00****W~
 EB*F*IND*30***29*1000.00****W~
 SE*74*TSC1~

GE*1*002~
IEA*1*000000001~

Scenario 4: Eligibility and Benefit request for a Cigna customer having CORE benefit types which are covered “in network” and covered “out of network” where 1) the Health Care Professional has been determined to be out of network for the customer and 2) the Customer has a Health Reimbursement Account with remaining funds.

271 Responses:

```

ISA*00*      *00*      *30*06-1059331  *ZZ* SENDERIDENTIFIC
*130418*1030*^*00501*000000001*0*T*:~
GS*HB*CIGNA* SENDERIDENTIFIC *20130418*1030*002*X*005010X279A1~
ST*271*TSC1*005010X279A1~
BHT*0022*11*2013-04-18-10-30-06-IHG-TEST*20130418*103019~
HL*1**20*1~
NM1*PR*2*CGLIC*****FI*06-0303370~
'ERIC**TE*8002446224*UR*cignaforhcp.cigna.com~
HL*2*1*21*1~
NM1*1P*1*Smith*John****X*1111111112~
HL*3*2*22*0~
TRN*2*2013-04-18-10-30-06-IHG-TEST*9222222222~
NM1*IL*1*FRONT*JIM****MI*U9299745701~
REF*6P*1110105*CDS-WPS FORFEITURE TESTING OCT-11 ACCT1~
REF*Q4*912051652~
N3*434 ST~
N4*TOLLAND*CT*06084~
DMG*D8*19530313*M~
INS*Y*18*001*25~
DTP*356*D8*20110811~
DTP*346*D8*20120801~
DTP*347*D8*20130731~
EB*1**30*PR*PPO*****W'
MSG*Accumulators are shared between medical and pharmacy coverage~
MSG*PHS+~
EB*G*FAM*30***23*8000.00*****N~
MSG*Out of network amounts apply to in-network~
EB*A*FAM*30****.30****N~
MSG*Benefit does apply to member's out-of-pocket maximum~
EB*A*IND*30****.30****N~
MSG*Benefit does apply to member's out-of-pocket maximum~
EB*1**93^62^AD^7^82^BF^4^70^97^68^86^98^UC^6^50^61^79^54^83^48^69^AB^BR^80^AC^2^75^BH^7
8^3^45^AE^AG^5^73^8^18^76^10^5^81^A3^BG^12^71^84^51^A1^33^42^20^BD^A0^99^72^56^65^74^13^
53^AF^17^A9^1^BQ^BN^BL^47^BK^96*****W~
EB*B*IND*93^4^98^79^2^3^5^73^33***27*10.00*****N*Y~
MSG*PCP~
MSG*Benefit does not apply to member's out-of-pocket maximum'~
III*ZZ*11~
EB*A*IND*69^18^12****.00***N*Y~
MSG*Breast-Feeding Equipment and Supplies~
.....
.....
.....
III*ZZ*11~

```

EB*1**88^AL~
 EB*F*IND*30***29*1992.00~
 MSG*HRA Balance~
 EB*F*IND*30***23*2000.00~
 MSG*HRA Beginning Balance~
 EB*G*FAM*30***29*8000.00*****N~
 MSG*Out of network amounts apply to in-network~
 EB*C*FAM*30***29*800.00*****N~
 MSG*Out of network amounts apply to in-network~
 MSG*Benefit does not apply to member's out-of-pocket maximum~
 EB*G*IND*30***29*2000.00*****Y~
 MSG*Out of network amounts apply to in-network~
 EB*C*IND*30***29*200.00*****Y~
 MSG*Out of network amounts apply to in-network~
 MSG*Benefit does not apply to member's out-of-pocket maximum~
 EB*C*FAM*30***29*400.00*****Y~
 MSG*Benefit does not apply to member's out-of-pocket maximum~
 MSG*Out of network amounts apply to in-network~
 EB*G*FAM*30***29*4000.00*****Y~
 MSG*Out of network amounts apply to in-network~
 SE*538*TSC1~
 GE*1*002~
 IEA*1*000000001~

Scenario 5: Eligibility and Benefit request for a customer with Mental Health Benefits when a MH STC is submitted

271 responses:

ISA*00* *00* *30*06-1059331 *ZZ* SENDERIDENTIFIC
 *130214*1300**^00501*000000001*0*T*:-~
 GS*HB*CIGNA* SENDERIDENTIFIC *20130214*1300*002*X*005010X279A1~
 ST*271*TSC1*005010X279A1~
 BHT*0022*11*2013-02-14-12-59-47-IHG-TEST*20130214*130000~
 HL*1**20*1~
 NM1*PR*2*CONNECTICUT GENERAL LIFE INSURANCE COMPANY*****FI*411648670~
 PER*IC**TE*8009262273*UR*apps.cignabehavioral.com/web/basic/site/provider/provider.jsp~
 HL*2*1*21*1~
 NM1*1P*1*Smith*John****XX*1111111112~
 HL*3*2*22*0~
 TRN*2*2013-02-14-12-59-47-IHG-TEST*9222222222~
 NM1*IL*1*PEITERSSEN*KEVIN****MI*912184054~
 REF*1L*4650868~
 N3*053 WILLINGTON STREET~
 N4*BLOOMFIELD*CT*06002~
 DMG*D8*19710809*M~
 INS*Y*18~
 DTP*356*D8*20120101~
 DTP*346*D8*20100101~
 DTP*347*D8*20131231~
 EB*1**30*OT*Local Um W/stc~
 EB*I**22^A5^BB^BC~

EB*1**MH^7^A4^4^A6^A7^A8~
 EB*F*IND*30***32***VS*2**W~
 EB*C*IND*7^A4^A6^A8***23*0.00****Y~
 MSG*Individual Outpatient Mental Health~
 EB*CB**7^A4^4^A6^A7^A8*****Y*Y~
 EB*C*FAM*7^A4^A6^A8***23*0.00****Y~
 MSG*Individual Outpatient Mental Health~
 EB*B*IND*7^A4^A6^A8***23*100.00****Y~
 MSG*Individual Outpatient Mental Health~
 EB*C*IND*7^A4^A6^A8***23*0.00****N*N~
 MSG*Individual Outpatient Mental Health~
 EB*C*FAM*7^A4^A6^A8***23*0.00****N*N~
 MSG*Individual Outpatient Mental Health~
 EB*B*IND*7^A4^A6^A8***23*100.00****N*N~
 MSG*Individual Outpatient Mental Health~
 EB*C*IND*A4^A6***23*0.00**P6*100**Y~
 MSG*Lab Mental Health~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*C*FAM*A4^A6***23*0.00**P6*100**Y~
 MSG*Lab Mental Health~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*A*IND*A4^A6***23*.15*VS*1**Y~
 MSG*Lab Mental Health~
 EB*C*IND*A4^A6***23*0.00**P6*100*N*N~
 MSG*Lab Mental Health~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*C*FAM*A4^A6***23*0.00**P6*100*N*N~
 MSG*Lab Mental Health~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*A*IND*A4^A6***23*.15*VS*1*N*N~
 MSG*Lab Mental Health~
 EB*C*IND*4***23*0.00**P6*100**Y~
 MSG*Substance Abuse~
 MSG*Mental Health~
 EB*C*IND*A7***23*0.00**P6*100**Y~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*C*IND*A7***23*0.00**P6*100*N*N~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*C*FAM*A7***23*0.00**P6*100*N*N~
 MSG*Attending Physician Biologically Based Mental Health~
 MSG*Attending Physician Mental Health~
 EB*F*IND*30***33***VS*0**W~
 EB*R**MH~
 DTP*636*D8*20130204~
 SE*70*TSC1~
 GE*1*002~
 IEA*1*000000001~

Scenario 6: Eligibility and Benefit request for a customer where Cigna is SAR/TPA

271 responses:

ISA*00* *00* *30*06-1059331 *ZZ* SENDERIDENTIFIC *150604*0936**00501*000000001*0*T*~
 GS*HB*CIGNA* SENDERIDENTIFIC *20150604*0936*002*X*005010X2I
 ST*271*TSC1*005010X279A1~
 BHT*0022*11*2015-06-04-10-35-56-IHG-I20150604*093606~
 HL*1**20*1~
 NM1*PR*2*CGLIC****FI*06-0303370~
 HL*2*1*21*1~
 NM1*1P*1*Smith*John****XX*1111111112~
 HL*3*2*22*0~
 TRN*2*2015-06-04-10-35-56-IHG-TEST*922222222~
 NM1*IL*1* PEITERSEN*KEVIN****MI*912184054~
 REF*6P*1234567*TPA HEALTH BENEFIT PLAN~
 N3*PO BOX 123~
 N4*BOSTON*MA*021080292~
 DMG*D8*20070213*M~
 INS*Y*18~
 DTP*356*D8*20140111~
 EB*U**30~
 LS*2120~
 NM1*PR*2* TPA HEALTH BENEFIT PLAN ~
 PER*IC* TPA HEALTH BENEFIT PLAN *TE*8885556252*UR*www.tpa.org~
 LE*2120~
 SE*21*TSC1~
 GE*1*002~
 IEA*1*000000001~

11.4 FREQUENTLY ASKED QUESTIONS

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

Yes- It does apply to all Cigna members

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

Our systems do have planned outages. We have identified the planned maintenance windows in the Section 4.1 of this document. The other communications will be communicated a week ahead of time and will be posted on our website:

<http://www.cigna.com/health-careprofessionals/resources/doing-business-with-cigna>

For unexpected outages communications will be sent to the trading partners upon identification of the downtimes.

3. If a 270 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.

11.5 CHANGE SUMMARY

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

Date	Version	Description	Author
10/01/2009	1.0	Initial Version with CORE Requirements	
10/09/2009	1.1	Added Trading Partner Information	B. Fielder
12/30/09	1.2	Updated section on Working with Cigna	B. Fielder
10/31/2011	1.3	Updated for 5010	S. Liebert
11/8/2011	1.4	Final Draft for 5010	S. Liebert
11/28/2011	1.4.1	Incorporated feedback	J. Hoyt
11/30/2011	1.4.2	Updates to a reference notes and comments,; updated 271 example A.	P. Pac
11/30/2011	1.4.3	Replaced Business Scenario A; removed https:// from scenarios; changed link in 2.2 & 5.2	S. Liebert
12/1/2011	1.4.4	Replaced Business Scenario B	S. Liebert
12/2/2011	1.4.5	Updated I-gate http address	S. Liebert
12/29/2011	1.4.6	2110C Medical Management Service Level Mapping updated	S. Liebert
1/04/2012	1.4.7	2110D Medical Management Service Level Mapping updated	S. Liebert
8/23/2012	1.5	Updated Section 10 Tables and content	P. Russell
8/28/2012	1.6	Updated with CAQH changes	S. Liebert / P. Russell/Mannu Anand
02/2014	1.7	Removed Endpoint URLs.	----
6/4/2014	1.8	Updated Alliance Partner Contact Information, new supported STC	M. Langston/H. W. Daley Jr./ M. Karuppannan
3/10/2016	1.9	Removed reference of 'HP'	S.Swyers
4/12/2016	2.0	Corrected Email address in 5.1	K. Roberg
8/1/2018	2.1	Updated the contact number in 5.2 per Katherine Cabral	K. Roberg
4/5/2021	2.2	Addressed formatting issues in the document & updated copyright date in the footer.	Taylor Morelli-Zwiebel
4/19/2024	2.3	Updated with CAQH certified date Updated Working with Cigna section Updated System Availability section Updated Process Flow Removed Communication Protocol, Cigna no longer offers HTTP+Form connectivity Updated Passwords section Updated EDI Customer Service	M. Neely