



## **Companion Guide**

### **ASC X12N 278 (005010X215) Health Care Services Review Inquiry and Response 278**

**Version 1.0  
September 15, 2020**

**Preface**

The Cigna Companion Guide supplements the HIPAA ASC X12N 278 (005010X215) Implementation Guide for Health Care Services Review Inquiry and Response.

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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 Health Care Services Inquiry and Response 278 transaction in the Electronic Data Interchange (EDI) environment.

**NOTE: If the content type is set to 'encoded', the data must also be encoded.**

### 1.2. OVERVIEW

This Companion Guide will replace, in total, any previously issued Cigna Companion Guide for the 278 Health Care Services Review Inquiry and Response transactions. This Companion Guide has been written to assist you in designing and implementing 278 Inquiry and 278 Response 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 278 and receive 278 response transactions.

### 1.3. REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X215) Health Care Services Review Inquiry and Response 278.

## 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 through a clearinghouse.

#### Direct Connection:

Direct connection to Cigna for the purpose of X12 278 (Version 005010X215) Health Care Services Review transaction submission may be available. This connection type will support real-time submissions and responses. Please contact [EDIEscalatedRequests@Cigna.com](mailto:EDIEscalatedRequests@Cigna.com) for setup opportunities.

#### Clearinghouse:

Health care professionals should contact their current clearinghouse vendor to discuss their clearinghouse's ability to support the X12 278 (Version 005010X215) Health Care Services Review 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](http://www.Cigna.com/edivendors).

If you have additional questions please contact Cigna at this email address:  
[EDIEscalatedRequests@Cigna.com](mailto:EDIEscalatedRequests@Cigna.com)

### 2.2. TRADING PARTNER REGISTRATION

All trading partners who wish to exchange Health Care Services Review Inquiry transactions with Cigna via the ASC X12 278 (Version 005010X215) must complete a questionnaire. Trading Partner responses will provide Cigna with contact information, desired connectivity method, and transaction-specific information. After completion of the online questionnaire, Cigna will work with each Trading Partner to establish connectivity. Upon successful connectivity Cigna will begin system testing with each Trading Partner.

### 2.3. SYSTEM AVAILABILITY AND DOWNTIME

278 transaction processing is available 24 hours a day, 7 days a week. However, to allow for maintenance, 278 transaction processing may be unavailable on the first and third Sundays of the month from 6:00 p.m. until 10:00 p.m. ET. Interactive 278 transaction processing may be unavailable during this maintenance window, but reasonable efforts will be made to avoid downtime when possible.

## 3. TESTING WITH THE PAYER

### EDI Controls

- Cigna will utilize, when necessary and appropriate, both the TA1 – Interchange Acknowledgement and 999 – Functional Acknowledgement responses.
- Cigna will enforce SNIP level 1-5 compliance edits as per the 278 ASC X12N Implementation Guide (005010X215) for both inbound 278 inquiries and outbound 278 responses with the exceptions noted in section 7 of this document .

## 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.
- X12 transactions 278 requests will be validated against the X12 278 HIPAA guide for compliance (SNIP Level 1-5) . If an exception occurs, the appropriate 999 response is sent back to the trading partner.
- **Special Test Processing:** If the ISA15 (Usage Indicator) is set to T (Test Data), then the X12 request ISA10, 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 data and time fields are populated with the current date and time.

### 3.1. X12 TRANSACTION AUTHORIZATION TESTS

The following table defines the “authorization tests” to be processed on receipt of each X12 278 Health Care Services Review Notification and Acknowledgment.

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        | AK905        |
| N/A           | Clearing House source can not be identified              | 013          | N/A          |
| ISA05/ISA06   | Unknown clearing house (unknown ISA05/ISA06 combination) | 006          | N/A          |
| ISA07/ISA08   | Unknown Payor (unknown ISA07/ISA08 combination)          | 008          | N/A          |
| ISA14         | Acknowledgment Requested                                 | 019          | N/A          |
| GS01          | Unsupported Transaction Set in Group                     | N/A          | 1            |
| GS02          | Unknown Originator ID value                              | N/A          | 1            |
|               | Missing Originator ID value                              | N/A          | 1            |
| GS03          | Unknown Recipient LOB value                              | N/A          | 1            |
|               | Missing Recipient LOB value                              | N/A          | 1            |
| GS08          | Unsupported Version of Implementation Guide              | N/A          | 2            |

### 3.2. X12 TRANSACTION ENVELOPE TEST VALIDATION

- The following table defines the “envelope tests” to be processed on receipt of each X12 278 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        | AK905        | IK502 |
| IEA Segment   | Control Number in IEA02 does not match Control Number in ISA13                                | 001          | N/A          | N/A   |
| IEA Segment   | Functional Group Count in IEA01 does not match actual Functional Groups counted               | 021          | N/A          | N/A   |
| GE Segment    | Group Control Number in GE02 does not match Group Control Number in GS06                      | N/A          | 4            | N/A   |
| ST Segments   | Transaction Sets Included count in GE01 does not match actual Transaction Sets counted        | N/A          | 5            | N/A   |
| ST Segments   | Transaction Set Control Number in ST02 does not match Transaction Set Control Number in SE02. | N/A          | N/A          | 3     |
| SE Segment    | Number of Included Segments Count in SE01 does not match actual segment count                 | N/A          | N/A          | 5     |

### 3.3. X12 TRANSACTION EXCEPTION PROCESSING

This section will be completed in coordination with Cigna System Testing.



## **4. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS**

### **4.1. SYSTEM AVAILABILITY**

278 transaction processing is available 24 hours a day, 7 days a week. However, to allow for maintenance, 278 transaction processing may be unavailable on the first and third Sundays of the month from 6:00 p.m. until 10:00 p.m. ET. Interactive 278 transaction processing may be unavailable during this maintenance window, but reasonable efforts will be made to avoid downtime when possible.

### **4.2. PROCESS FLOWS**

To submit EDI transactions, Cigna trading partners must have an active trading partner agreement. If a third-party has been elected to perform electronic transactions, additional Trading Partner information may be required for setup.

All trading partners who wish to exchange Health Care Services Review Inquiry transactions with Cigna via the ASC X12 278 (Version 005010X215) must complete a questionnaire. Trading Partner responses will provide Cigna with contact information, desired connectivity method, and transaction-specific information. After completion of the online questionnaire, Cigna will work with each Trading Partner to establish connectivity. Upon successful connectivity Cigna will begin system testing with each Trading Partner.

Trading partners should submit transactions according to current guidelines. Any questions regarding transmission must be submitted to Cigna EDI Customer Service.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide.

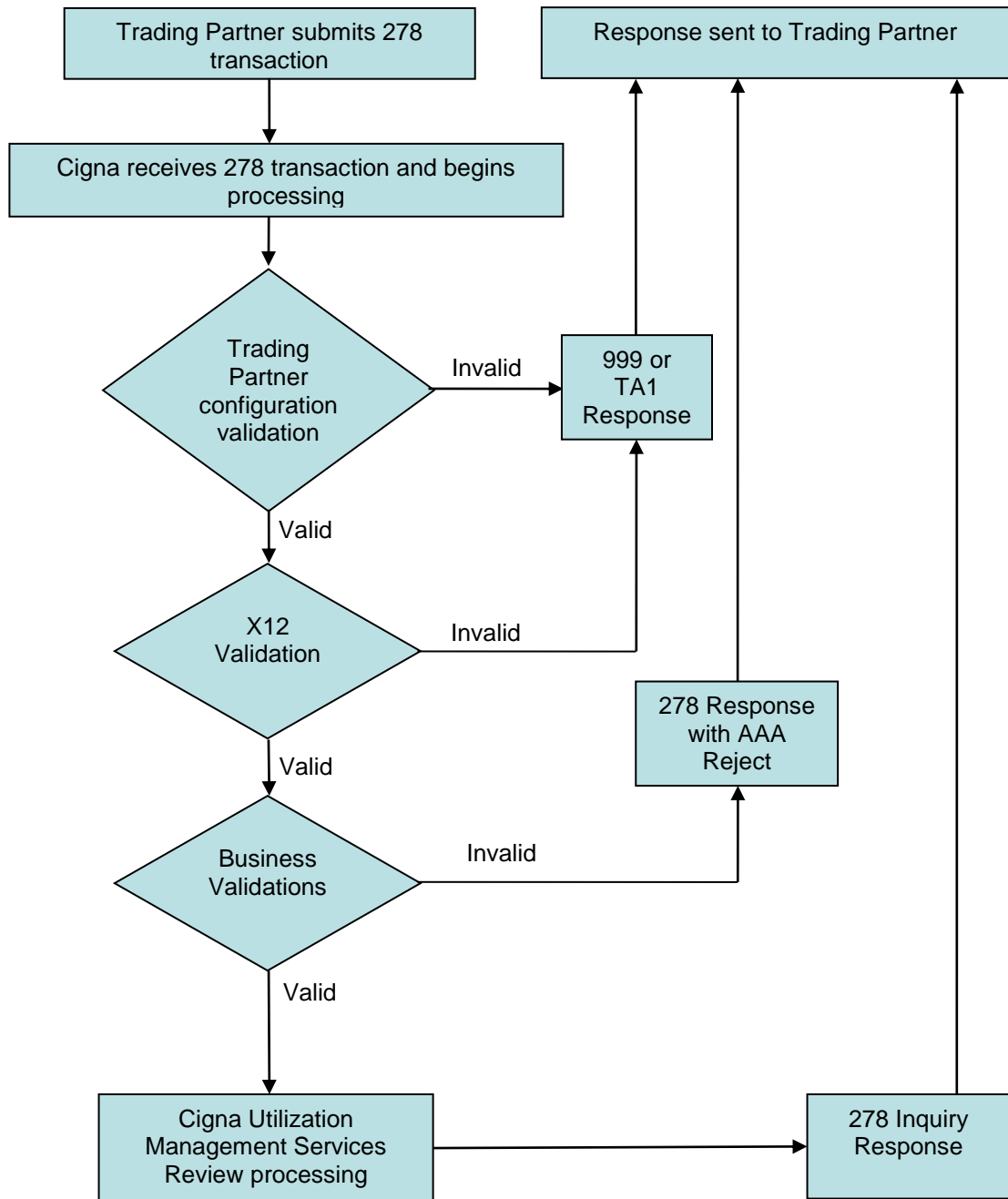
#### **4.2.1. TRADING PARTNER TESTING**

Before submitting or receiving production files, each trading partner should test to ensure HIPAA compliance. Cigna will enforce SNIP level 1-5 compliance edits as per the 278 ASC X12N Implementation Guide (005010X215) for both inbound 278 inquiries and outbound 278 responses.

First, trading partners should test by uploading inbound X12 278 transactions/files to the self-service Cigna HIPAA validation Tool. The tool analyzes the data and generates reports listing any validation errors encountered. Once transactions/files successfully pass the Cigna HIPAA validation Tool, trading partners should download sample X12 278 response transactions/files from the self-service Cigna HIPAA validation Tool and process them in their system to ensure that the transaction/file processes as expected.

Next, trading partners should test by submitting inbound X12 files and receiving validation from Cigna that the data in the file processes as expected. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

### Real-Time Submission Flow



### **4.3. TRANSMISSION ADMINISTRATIVE PROCEDURES**

The following responses to the real time request will be provided within the CAQH PHASE IV operating rules: TA1, 999 reject or 278.

#### **4.3.1. RE-TRANSMISSION PROCEDURE**

Real-time:

### **4.4. COMMUNICATION PROTOCOL SPECIFICATIONS**

Cigna offers two protocols for securely submitting interactive (real-time) transactions to the Cigna Gateway. These methods include:

- Secure Web Services (SOAP using HTTP or HTTPS via internet, MIME using HTTP with LDAP Auth, CignaFORM using HTTP with IP Auth)
- REST web service, with Two factor authentication (Certificate based mutual auth and User Id/Pswd) or using B2B VPN tunnel

Cigna offers the following transmission methods for securely exchanging batch transactions using the Cigna Gateway:

- SFTP/SSH-2 (PGP encryption optional)
- FTP/s SSL (PGP encryption optional)
- AS2
- VPN
- HTTP/HTTPS
- Connect:Direct (NDM)

### **4.5. Security and Authentication Requirements**

For security and authentication information refer to section 11 below.

## **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 Services Review transaction, contact the Claim Intake Team for reporting of 5010 status/issues:

**EDIEscalatedRequests@Cigna.com**

### **5.2. EDI TECHNICAL ASSISTANCE**

For technical questions related to Cigna's 278 transaction, contact the Customer Support Center 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 policies, coverage positions and claim edits access the secure provider website at [www.cignaforhcp.com](http://www.cignaforhcp.com). Registration is required.

## 6. CONTROL SEGMENTS / ENVELOPES

### 6.1. ISA – IEA (278 INQUIRY)

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

|     |       |  |  |   |
|-----|-------|--|--|---|
|     |       |  |  | 30 U.S. Federal Tax Identification Number<br>33 National Association of Insurance Commissioners Company Code (NAIC)<br>ZZ Mutually Defined  |
|     | ISA08 | Interchange Receiver ID  | ID will be provided at time of set up with Gateway | Interchange Receiver ID for Cigna   |
|     | ISA09 | Interchange Date   | Format: YYMMDD                                     | Date of the interchange<br>Cigna uses the value submitted in ISA09 on the 278 request.  |
|     | ISA10 | Interchange Time   | Format: HHMM                                       | Time of the interchange<br>Cigna uses the value submitted in ISA10 on the 278 request.  |
|     | 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'  | Health Care Services Review – Inquiry and Resposne Implementation Guide published May 2006.   |
|     | 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'<br>'1'   | 0: No Acknowledgement Requested<br>1: Acknowledgement Requested<br>Cigna uses '0' (No Acknowledgment Requested)   |
|     | ISA15 | Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information | 'T'<br>'P'   | 'T': Test data<br>Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response.<br>'P': Production Data<br>Note: Date and time fields are populated with current date and time. |
|     | ISA16 | Component Element Separator  | :  | Component element separator is a delimiter and not a data element   |
| IEA |       | Interchange Control Trailer Segment  |  |   |
|     | IEA01 | Number of Included Functional Groups   | <Number of Included Functional Groups>             | Cigna Functional Group count  |
|     | IEA02 | Interchange Control Number   | <Interchange Control Number>                       | Cigna Interchange Control Number  |

## 6.2. GS – GE (278 INQUIRY)

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                   | 'HI'   | Health Care Services Review Information (278)<br>The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. |
|            | GS02       | Application Sender's Code                    | <Sender Code>                                      | Code identifying party sending transmission; codes agreed to by trading partners.   |
|            | GS03       | Application Receiver's Code                  | ID will be provided at time of set up with Gateway | Code identifying party receiving transmission.  |
|            | GS04       | Date   | Format:<br>CCYYMMDD                                | Date of functional group creation   |
|            | GS05       | Time   | Format:<br>HHMM                                    | Creation time<br>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 | '005010X215'                                       | Health Care Services Review – Inquiry and Response Implementation Guide published May 2006.   |
| 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. ST – SE (278 INQUIRY)

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     | '278'                            | Health Care Services Review Information   |
|            | ST02       | Transaction Set Control Number      | <Transaction Set Control Number> | Transaction Set Control Number assigned by sending party.                                   |
|            | ST03       | Implementation Convention Reference | '005010X215'                     | Health Care Services Review – Inquiry and Response Implementation Guide published May 2006. |
| 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 sending party.                                   |

### 6.4. ISA – IEA (278 RESPONSE)

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<br>Note: Value should always be 'spaces' |
|            | ISA05      | Interchange ID Qualifier of Sender   | '30'           | U.S. Federal Tax Identification Number                           |
|            | ISA06      | Interchange Sender ID                | '06-1059331'   | Interchange Sender ID for Cigna                                  |
|            | ISA07      | Interchange ID Qualifier of Receiver | 'ZZ'           | Mutually defined   |
|            | ISA08      | Interchange Receiver ID              | <Receiver ID>  | 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’                      | Health Care Services Review – Request for Review and Response Implementation Guide published May 2006.  |
|     | ISA13 | Interchange Control Number   | ‘000000001’                  | Cigna Functional Group count default  |
|     | ISA14 | Acknowledgment Requested   | ‘0’                          | 0: No Acknowledgement Requested   |
|     | ISA15 | Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information | ‘T’<br>‘P’                   | ‘T’: Test data<br>Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response.<br>‘P’: Production Data<br>Note: Date and time fields are populated with current date and time. |
|     | 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  |

## 6.5. GS – GE (278 RESPONSE)

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  | ‘HI’   | Health Care Services Review Information (278)<br>The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. |
|            | GS02       | Application Sender’s Code   | ID will be provided at time of set up with Gateway | Code identifying party sending transmission. Established during Trading Partner setup.  |
|            | GS03       | Application Receiver’s Code | ID will be provided at time of set up with Gateway | Code identifying party receiving transmission. Established during Trading Partner setup.  |
|            | GS04       | Date                        | Format:<br>CCYYMMDD                                | Date of functional group creation   |
|            | GS05       | Time                        | Format:<br>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 | '005010X215'                          | Health Care Services Review – Inquiry and Response Implementation Guide published May 2006.   |
| 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. |

## 6.6. ST – SE (278 RESPONSE)

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     | '278'                            | Health Care Services Response Information   |
|            | ST02       | Transaction Set Control Number      | <Transaction Set Control Number> | Transaction Set Control Number assigned by sending party.                                   |
|            | ST03       | Implementation Convention Reference | '005010X215'                     | Health Care Services Review – Inquiry and Response Implementation Guide published May 2006. |
| 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 sending party.                                   |

## 7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 7.1. 278 Inquiry

- Cigna will only support receipt of BHT02 value of 28 (Query).
- All 278 Inquiries must be submitted with one of the below information sets at minimum:
  - Member Information, Previous Review Administrative Reference Number and Previous Review Authorization Number
  - OR**
  - Member Information, Previous Review Authorization Number or Previous Review Administrative Reference Number and match on Servicing or Requesting Provider
  - OR**
  - Member Information, Event or Admission Start Date and match on Servicing or Requesting Provider
- All 278 Inquiries must contain a Request Category Code (UM01)

### 7.2. 278 Inquiry Response

- Cigna will return applicable industry standard information on the Health Care Services Review Information- Response at the requestor, subscriber, dependent, event and service levels.

## 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 278 response is returned.

## 9. TRADING PARTNER AGREEMENTS

Trading Partner Agreements for existing Partners are currently on file with will be utilized where appropriate. For new Trading Partners please contact: [EDIEscalatedRequests@Cigna.com](mailto:EDIEscalatedRequests@Cigna.com)

## 10. TRANSACTION SPECIFIC INFORMATION (LOOPS)

A Transaction Loop is a group of related segments. Cigna specific values are required for the elements which comprise the segments for the 278 Transaction Loops. The following section identifies these loops, their segments and their required element values:

### 10.1. LOOP N/A (278 INQUIRY) – BEGINNING OF HIERARCHICAL TRANSACTION

| Loop | Segment | Element | Name                         | Code(s) | Definition of Code/Cigna Usage |
|------|---------|---------|------------------------------|---------|--------------------------------|
| N/A  | BHT     | BHT02   | Transaction Set Purpose Code | '28'    | Only 28(Query) is supported    |

### 10.2. LOOP 2010A (278 INQUIRY) – UTILIZATION MANAGEMENT ORGANIZATION NAME

| Loop  | Segment | Element | Name                           | Code                           | Definition of Code/Cigna Usage                                      |
|-------|---------|---------|--------------------------------|--------------------------------|---|
| 2010A | NM1     | NM103   | Name Last or Organization Name | 'Cigna HealthCare' "Intracorp" | Utilization Management Organization (UMO) Last or Organization Name |
| 2010A | NM1     | NM108   | Identification Code Qualifier  | '46'                           | 46 : Identification Code Qualifier                                  |
| 2010A | NM1     | NM109   | Identification Code            | '06-1059331'                   | Identification Code for Cigna                                       |

### 10.3. LOOP 2010B (278 INQUIRY) – REQUESTER NAME

| Loop  | Segment | Element          | Name                                | Code | Definition of Code   |
|-------|---------|------------------|-------------------------------------|------|--|
| 2010B | NM1     | NM103            | Requester Last or Organization Name | NA   | NA   |
| 2010B | NM1     | NM104            | Requester First Name                | NA   | Required when NM103 is present and NM102=1.  |
| 2010B | NM1     | NM105            | Requester Middle Name               | NA   | Required when NM104 is present and the middle name/initial of the person is known.               |
| 2010B | N3      | N301             | Requester Address                   | NA   | To assist with provider matching, please provide the address, including City, State and Zip code |
| 2010B | N4      | N401, N402, N403 | Requester City, State, Zip Code     | NA   |  |

**10.4. LOOP 2010C (278 INQUIRY) – SUBSCRIBER NAME**

| Loop  | Segment | Element | Name                          | Code | Definition of Code  |
|-------|---------|---------|-------------------------------|------|---|
| 2010C | NM1     | NM108   | Identification Code Qualifier | 'MI' | MI: Member Identification Number Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN).<br>If a unique member identifier exists, it will be used as the primary identification code on all 278s, 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. |

**10.5. LOOP 2000E (278 INQUIRY) – PATIENT EVENT LEVEL**

| Loop  | Segment | Element | Name  | Code(s)              | Definition of Code/Cigna Usage   |
|-------|---------|---------|---|----------------------|--|
| 2000E | UM      | UM01    | Request Category Code                           | 'AR'<br>'HS'<br>'SC' | AR : Admission Review (Inpatient Admissions)<br>HS : Health Services Review (Outpatient Services)<br>SC : Specialty Care Review (Referral) |
| 2000E | REF     | REF01   | Previous Review Authorization Number            | 'BB'                 | Use when checking status on a specific authorization where Previous Review Authorization number is known.                                  |
| 2000E | REF     | REF01   | Previous Review Administrative Reference Number | 'NT'                 | Use when checking status on a specific authorization where Previous Review Administrative Reference Number is known.                       |
| 2000E | DTP     | DTP01   | Date Time Qualifier                             | 'AAH'<br>'435'       | Use 'AAH' when UM01=HS or SC<br>Use '435' when UM01=AR   |

**10.6. LOOP 2010EA (278 INQUIRY) – PATIENT EVENT PROVIDER NAME**

| Loop   | Segment | Element          | Name                                | Code(s) | Definition of Code/Cigna Usage   |
|--------|---------|------------------|-------------------------------------|---------|--|
| 2010EA | NM1     | NM103            | Requester Last or Organization Name | NA      | NA   |
| 2010EA | NM1     | NM104            | Requester First Name                | NA      | Required when NM103 is present and NM102=1.  |
| 2010EA | NM1     | NM105            | Requester Middle Name               | NA      | Required when NM104 is present and the middle name/initial of the person is known.               |
| 2010EA | N3      | N301             | Requester Address                   | NA      | To assist with provider matching, please provide the address, including City, State and Zip code |
| 2010EA | N4      | N401, N402, N403 | Requester City, State, Zip Code     | NA      |  |

### 10.7. LOOP N/A (278 RESPONSE) – BEGINNING OF HIERARCHICAL TRANSACTION

| Loop | Segment | Element | Name                  | Code(s) | Definition of Code                    |
|------|---------|---------|-----------------------|---------|---------------------------------------|
| N/A  | BHT     | BHT02   | Transaction Type Code | '49'    | Original- Response to Patient Inquiry |

### 10.8. LOOP N/A (278 Response) – AAA Error Codes

| Loop  | AAA01 | AAA03 | AAA04 | Error Description  |
|-------|-------|-------|-------|--|
| 2000A | N     | 41    | N     | Purpose Code (BHT02) is not supported.   |
| 2000A | Y     | 42    | P     | System not available, please resubmit original transaction.  |
| 2010B | N     | 97    | C     | Invalid or missing provider address. Please correct and resubmit                                   |
| 2010B | N     | 47    | C     | Invalid or missing provider state. Please correct and resubmit.                                    |
| 2010B | N     | 44    | C     | Invalid or missing provider name. Please correct or resubmit.                                      |
| 2010B | N     | 41    | C     | Provider access to requested authorization(s) not allowed.   |
| 2010C | Y     | 67    | C     | Subscriber not found please correct and resubmit   |
| 2010D | Y     | 67    | C     | Dependent not found please correct and resubmit  |
| 2000E | N     | 15    | C     | Request Category Code (UM01) is not supported. Please correct and resubmit.                        |
| 2000E | N     | AM    | C     | Invalid/Missing Date of Admission. Please correct and resubmit.                                    |
| 2000E | N     | 57    | C     | Invalid/missing Date(s) of Service. Please correct and resubmit.                                   |
| 2000E | Y     | AA    | N     | No Authorization Information found.  |
| 2000E | N     | 33    | C     | Previous Review Authorization Number and Previous Review Administrative Reference Number Mismatch. |

|        |   |    |   |  |
|--------|---|----|---|--|
| 2000E  | N | NC | C | No authorizations associated with submitted Previous Review Administrative Reference Number. |
| 2000E  | N | CI | C | Submitted Authorization Information Does Not Match Patient                                   |
| 2010EA | N | 97 | C | Invalid/missing provider address. Please correct and resubmit                                |
| 2010EA | N | 47 | C | Invalid/missing provider state. Please correct and resubmit.                                 |
| 2010EA | N | 44 | C | Invalid/missing provider name. Please correct or resubmit.                                   |
| 2010EA | N | 41 | C | Provider access to requested authorization(s) not allowed.                                   |

## 11. APPENDICES

### 11.1. IMPLEMENTATION CHECKLIST

Once you have acquired your active ID and password, please sign on and test connectivity.

### 11.2. BUSINESS SCENARIO

Business Scenarios for 278 is currently under construction.

### 11.3. TRANSMISSION EXAMPLE

Transmission Example for the 278 is currently under construction.

### 11.4. TRADING PARTNER SET UP REQUEST FORM

Trading partners who have an active trading partner agreement are given IDs, passwords, and a URL to access the Cigna Technical Assessment Tool. Trading Partners will complete a minimum of three technical assessments to provide Cigna with their contact information, desired connectivity method, and transaction-specific information.

Trading partners should submit transactions according to current guidelines. Any questions regarding transmission must be submitted to Cigna EDI Customer Service.

Cigna offers the following transmission methods for securely exchanging batch transactions using the Cigna Gateway:

- SFTP/SSH-2 (PGP encryption optional)
- FTP/s SSL (PGP encryption optional)
- AS2

- VPN
- HTTP/HTTPS
- Connect:Direct (NDM)

**Please Note:** These are Cigna Standard offerings. If these methods cannot be applied, contact the Cigna Trading Partner Management help desk at [EDIEscalatedRequests@Cigna.com](mailto:EDIEscalatedRequests@Cigna.com) to schedule a meeting with an Cigna TPM representative.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide.

Before submitting production inbound files, each trading partner should be tested.

- Trading partners should test by uploading inbound X12 files to the self-service Cigna HIPAA Validation Tool. The tool analyzes files and generates reports listing any HIPAA validation errors encountered. Once test files successfully pass the Cigna HIPAA Validation Tool, trading partners should proceed to the next step to test a file through the Cigna system.
- Trading partners should test by submitting inbound X12 files and receiving validation from Cigna that the data in the file processes as expected. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

#### 11.4.1. ROLES AND RESPONSIBILITIES

##### Trading Partner:

- Provide Cigna with accurate contact information.
- Complete the Technical assessments. This information will be used to set the trading partner up in the system.
- Coordinate testing with Cigna for the communication option selected.

##### CIGNA:

- The Cigna Trading Partner Management team will contact your trading partner regarding any connectivity set-up/testing.
- Trading Partner communications of actual production date.
- Install changes based upon the pre-established Cigna production release procedures.

##### Cigna Business Area/Application Technical Support:

- Completion of data testing as needed.

## 11.5. CHANGE SUMMARY

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

| Date      | Version | Description     | Author                       |
|-----------|---------|-----------------|------------------------------|
| 9/15/2020 | 1.0     | Initial Version | Ted Rendahl,<br>Karen Roberg |