



## **Companion Guide**

### **ASC X12N 278 (005010X217) Health Care Services Request for Review and Response 278**

**Version 2.0  
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**Preface**

The Cigna Companion Guide supplements the HIPAA ASC X12N 278 (005010X217) Implementation Guide for Health Care Services Request for Review 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 Request for Review 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 Request for Review and Response transactions. This Companion Guide has been written to assist you in designing and implementing 278 request 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 (005010X217) Health Care Services Request for Review and Response 278.

## 2. GETTING STARTED

### 2.1. WORKING WITH CIGNA

#### 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 005010X217) 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 005010X217) 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 Referral transactions with Cigna via the ASC X12 278 (Version 005010X217) must complete a questionnaire. Trading Partner responses will provide Cigna with contact information, desired connectivity method, and transaction-specific information. After completion of the 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. Batch files submitted during this time of maintenance will be queued for processing following the completion of the maintenance window.

## 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 (005010X217) for both inbound 278 requests 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 Request for Review and Response.

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. Batch files submitted during this time of maintenance will be queued for processing following the completion of the maintenance window.

### 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 Referral transactions with Cigna via the ASC X12 278 (Version 005010X217) must complete a questionnaire. Trading Partner responses will provide Cigna with contact information, desired connectivity method, and transaction-specific information. After completion of the 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.

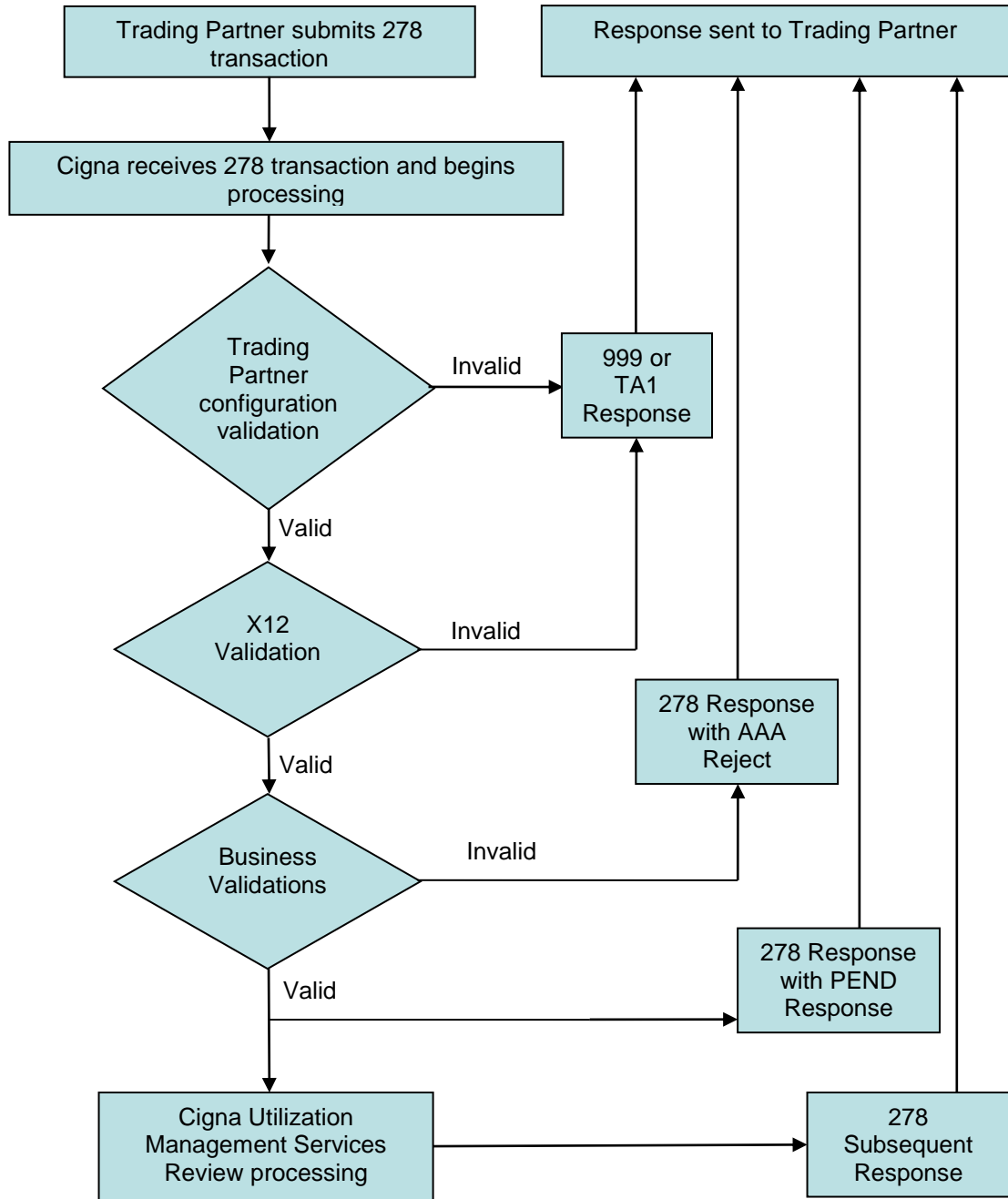
#### 4.2.1. TRADING PARTNER TESTING

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 (005010X217) for both inbound 278 requests and outbound 278 responses.

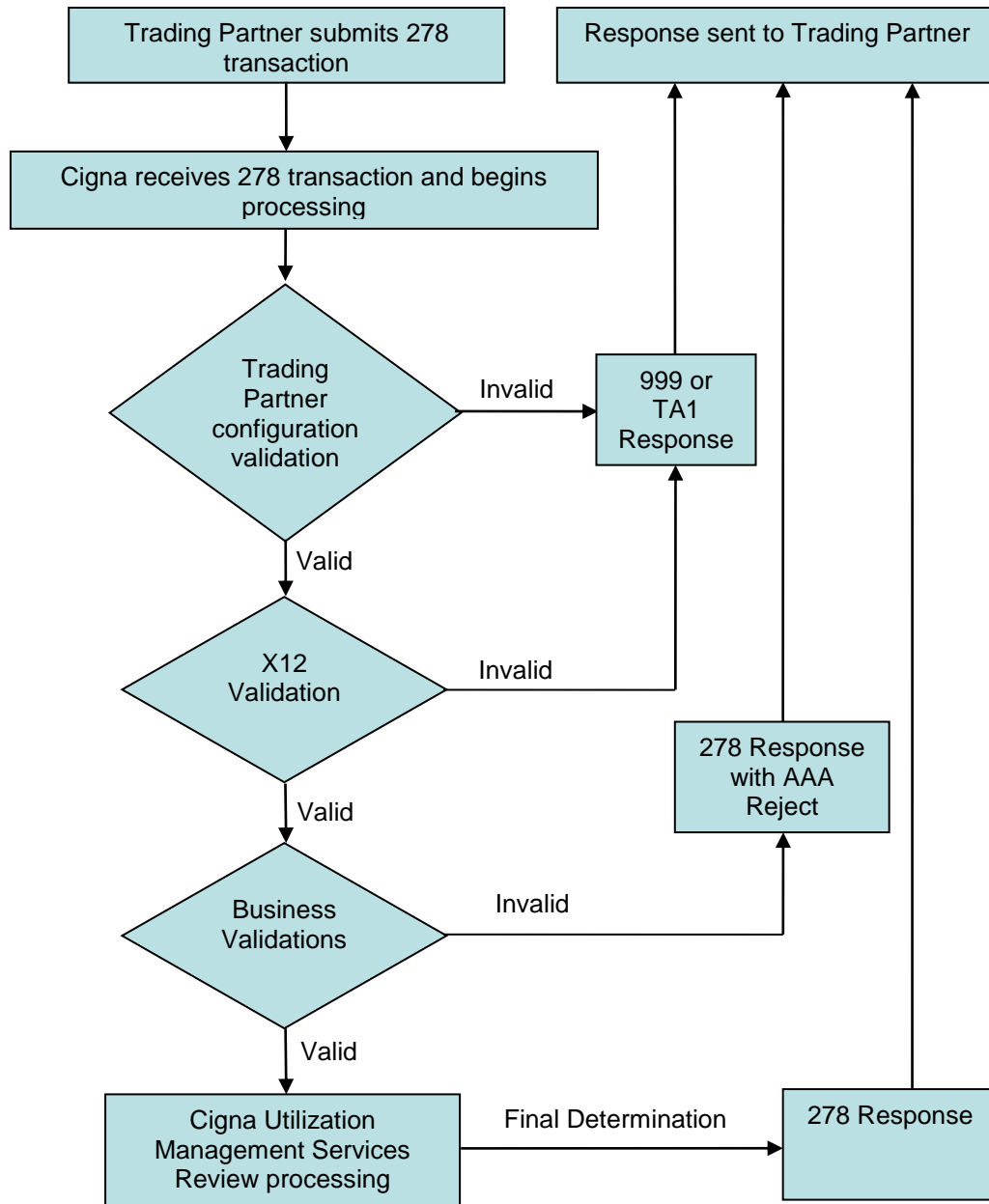
First, trading partners should test by uploading inbound X12 278 transactions/files to the self-service Cigna HIPAA validation Tool. The tool analyzes the data and generates reports listing any validation errors encountered. Once transactions/files successfully pass the Cigna HIPAA validation Tool, trading 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



### Batch 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.

The response time for a 278 batch response to a 278 batch request will be in compliance with CAQH CORE Operating Rules. That rule states: "*Maximum* response time for availability of ASC X12N v5010 278 Responses when processing ASC X12N v5010 278 Requests submitted in Batch Processing Mode by 9:00 pm Eastern Time of a business day by a provider or on a provider's behalf by a clearinghouse/switch must be no later than 7:00 am Eastern Time the third business day following submission." A business day consists of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (2359 hours) of that same designated day.

For batch transactions, TA1 or 999 responses will be available within one hour of receipt of the batch. A TA1 error response is dependent on information submitted within the inbound ISA field will be generated: If the value within the ISA14 element is a '0' then no TA1 will be generated even if the interchange is rejected. If the value within the ISA14 element is a '1' then a TA1 will be generated.

The naming convention for inbound 278 batch files will be defined within the Trading Partner onboarding process. In general, file names follow these guidelines:

Entire file name must be less than 256 bytes

1. Must contain a file extension (ie. .txt, .dat, .pgp)
2. No special characters
3. Can contain underscores '\_' and dashes '-'.
4. Can only contain 2 nodes including the file extension. Nodes are separated by a period '.'.

Examples of valid inbound file names:

- fileabc.txt
- 278\_Inst\_ccyyymmdd.dat
- TPA-278PreAuth.pgp

Examples of invalid file names:

- fileabc (no file extension)
- 278\_Inst\_%ccyyymmdd (contains a special character)
- TPA.278.PreAuth.pgp (contains more than 2 nodes)
- **Filename.txt.pgp (contains more than 2 nodes)**

In reference to the invalid file name in **BOLD**, some PGP software packages append a file extension of .pgp to the file it is encrypting even if the file already has an extension. If your PGP encryption software does this, please ensure the file being sent to the Cigna Gateway only contains 2 nodes.

#### 4.3.1. RE-TRANSMISSION PROCEDURE

Batch:

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 REQUEST)

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 Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	'01' '14' '20' '27' '28' '29' '30' '33' 'ZZ'	01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined
	ISA06	Interchange Sender ID	ID will be provided at time of set up with Gateway	Interchange Sender ID for Trading Partner
	ISA07	Interchange ID Qualifier of Receiver	'01' '14' '20' '27' '28' '29' '30' '33' 'ZZ'	01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) CODE SOURCE 121: Health Industry Number 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)

				30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined
	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 Cigna uses the value submitted in ISA09 on the 278 request.
	ISA10	Interchange Time	Format: HHMM	Time of the interchange 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 – Request for Review and Response 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' '1'	0: No Acknowledgement Requested 1: Acknowledgement Requested 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' 'P'	'T': Test data Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response. 'P': Production Data 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 REQUEST)

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) 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: CCYYMMDD	Date of functional group creation
	GS05	Time	Format: HHMM	Creation time Cigna uses the value submitted in GS05 on the 278 request.
	GS06	Group Control Number	<Group Control Number>	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'005010X217'	Health Care Services Review – Request for Review 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 REQUEST)

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	'005010X217'	Health Care Services Review – Request for Review 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 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’ ‘P’	‘T’: Test data Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response. ‘P’: Production Data 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) 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: CCYYMMDD	Date of functional group creation
	GS05	Time	Format: HHMM	Creation time
	GS06	Group Control Number	<Group Control Number>	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agency Code	‘X’	Accredited Standards Committee X12. Value should always be ‘X’.

	GS08	Version / Release / Industry Identifier Code	'005010X217'	Health Care Services Review – Request for Review 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	'005010X217'	Health Care Services Review – Request for Review 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 REQUEST

- UM01=AR (Admissions Review) should be used for authorization of inpatient admissions.
- UM01=HS (Health Services Review) should be used for authorization of outpatient services.
- UM01=SC (Specialty Care Review) should be used to request a referral.
- If an HSD segment is sent HSD01 must equal DY when UM01=AR within 2000E loop.
- When UM01=AR in Loop 2000E please provide Facility (FA) in Loop 2010EA and at least 1 additional provider type
- To assist with provider matching, please provide the address, including City, State and Zip code of facility or location where the patient is being admitted or service(s) is being provided.
- When UM01=HS a service code is required to be submitted in 2000F (SV1 or SV2)
- UM02 values of I (Initial), 3 (Cancel), 4 (Extension) and S (Revised) will be supported.
- For Employee Assistance Program (EAP) please contact the Behavioral Provider Service Center at 800.926.2273 to inquire on EAP benefits and authorizations.

### 7.2. AMEND PROCESSING - EXTENSIONS

All of the below requirements must be met for Cigna to process an extension request.

- UM02=4 (Extension)
- An administrative reference number (REF\*NT) or Previous ReviewAuthorization Number (REF\*BB) is submitted.
- There is a match between the member and provider submitted and authorization loaded in Cigna systems.
- A final determination has been made on the authorization
- Extension request must match on all of the following:
  - Service Provider
  - Service Type
  - Place of Service
  - Procedure Code(s)
  - Episode of Care (See below grid)

If	And	Then
Inpatient Authorization (UM01=AR)	Medical or Behavioral	<b>Start Date</b> of Extend Request is equal to <b>Line Item To Date</b> of the latest IP Line Item
Outpatient Authorization (UM01=HS) AND Service Type is Partial Hosp.	Behavioral	<b>Start Date</b> of Extend Request is within 4 days or less than the <b>End Date</b> of the latest SP Line Item

Outpatient Authorization (UM01=HS) AND All other Service Types	Behavioral	<b>Start Date</b> of Extend Request is within 15 days or less than the <b>End Date</b> of the latest SP Line Item
Outpatient Authorization (UM01=HS)	Medical	<b>Start Date</b> of Extension Request is equal or less than the <b>End Date</b> of the latest SP Line Item

### 7.3. AMENDS PROCESSING – REVISIONS

All of the below requirements must be met for Cigna to process a revision request for Outpatient Requesting Provider, Servicing Provider, Event Start Date changes or Inpatient Requesting provider, Servicing Facility, Admission Date.

- UM02=S (Revise)
- An administrative reference number (REF\*NT) or Previous Review Authorization Number (REF\*BB) is submitted.
- There is a match between the member and provider submitted and authorization loaded in Cigna systems.
- A final determination has not yet been made on the authorization

### 7.4. AMENDS PROCESSING – CANCELS

All of the below requirements must be met for Cigna to process a cancellation.

- UM02=3 (Cancel)
- An administrative reference number (REF\*NT) or Previous Review Authorization Number (REF\*BB) is submitted.
- There is a match between the member and provider submitted and authorization loaded in Cigna systems.
- If a final determination has been made on the authorization only a Patient Event Level (entire authorization) cancellation will be accepted for all Inpatient and Partial Hospitalization Behavioral authorization types.
- If a final determination has not been made on the authorization only a Patient Event level (entire authorization) cancellation will be accepted for all authorization types.

### 7.5. 278 RESPONSE

- Cigna will return applicable industry standard information on the health care service request response at the requestor, subscriber, dependent, event and service levels.
- An initial Pend message (A4) along with BHT06=19; indicates additional 278 responses will be returned.
- All initial Pend message (A4) along with BHT06=19 will include an Administration Reference Number (REF\*NT)

- An initial Pend message (A4) along with BHT06=18; indicates no additional 278 responses will be returned and Cigna will contact the health care professional by phone, letter or fax with the authorization decision.
- A referral request (SC) for a patient whose plan does not require a referral will receive a (NA) "No Action Required" response.
- If HCR01=CT (Contact Payer) please consult MSG segment for additional information.
- Duplicate requests will be responded to with HCR01=NA and HCR03=0Q (Duplicate Request)
- Requests that need to be redirected to a different review organization will be responded to with HCR01=NA, HCR03=0J (Certification Responsibility of External Review Organization) and a MSG segment with contact details.

## 8. ACKNOWLEDGEMENTS AND OR REPORTS

- Cigna will generate the TA1/999 acknowledgement for all X12 batch transactions. If the batch passes the initial HIPAA edits, a 278 Reject/Pend response will be sent after the member eligibility validation.
- 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.

The following is the file naming convention for batch 999:

Node 1: File name

Format (with dashes separating these fields):

- Original inbound filename
- Time (hhmmss)
- Sequence (used when more than one acknowledgment has the same time stamp)
- 999

Node 2: File extension

Examples:

- PROVIDERABC\_278\_COBRA-124729-6-999.dat
- TPXYZ\_278\_Dental -184715-5-999.dat
- 278-014654-3-999.dat

The following is the file naming convention for TA1:

Node 1: File name

Format (with dashes separating these fields):

- Original inbound filename
- Time (hhmmss)
- Sequence (used when more than one acknowledgment has the same time stamp)
- TA1

Node 2: File extension

Examples:

- PROVIDERABC\_278\_COBRA-124729-6-TA1.dat
- TPXYZ\_278\_Dental -124715-5-TA1.dat
- 278-124654-3-TA1.dat

The following is the file naming convention for 278 Response:

- Node 1: Environment ('TST' for Test or 'PROD' for Production)
- Node 2: Receiver ID of the transaction
- Node 3: Addenda version and transaction type
- Node 4: Date and time 278R Response was generated (format ccyyymmdd-hhmmss)
- Node 5: Internal File extension
- Node 6: Sequence Number
- Node 7: File extension

Examples:

- TST.TPAABC.005010X217.20110609-110525.dat.0000000001.dat
- PROD.PARTNER789.005010X217.20110609-053030.dat.1234567890.pgp

## 9. TRADING PARTNER AGREEMENTS

Trading Partner Agreements for existing Partners are currently on file and will be utilized where appropriate. For new Trading Partners please contact: **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 Request) – BEGINNING OF HIERARCHICAL TRANSACTION

Loop	Segment	Element	Name	Code(s)	Definition of Code/Cigna Usage
N/A	BHT	BHT02	Transaction Set Purpose Code	'13'	Only 13 (Request) is supported

### 10.2. LOOP 2010A (278 REQUEST) – 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 REQUEST) – 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	
2010B	PER	PER03	Communication Number Qualifier	'TE'	TE : Telephone
2010B	PER	PER05	Communication Number Qualifier	'FX'	FX : Facsimile

2010B	PRV	PRV02	Reference Identification Qualifier	'PXC'	PXC : Health Care Provider Taxonomy Code
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#### 10.4. LOOP 2010C (278 REQUEST) – 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). 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 REQUEST) – PATIENT EVENT LEVEL

Loop	Segment	Element	Name	Code(s)	Definition of Code/Cigna Usage
2000E	UM	UM01	Request Category Code	'AR ' 'HS ' 'SC'	AR : Admission Review (Inpatient Admissions) HS : Health Services Review (Outpatient Services) SC : Specialty Care Review (Referral) <i>IN : Individual - Not supported by CIGNA</i>
2000E	UM	UM02	Certification Type Code	'3' '4' 'I' 'S'	3: Cancel 4: Extension I: Initial S: Revised
2000E	REF	REF01	Previous Review Authorization Number	BB	One or both of the REF segments is required when submitting an update/change (UM02=3,4,S) to a request
2000E	REF	REF01	Previous Review Administrative Reference Number	NT	
2000E	HI	HI01-02	Diagnosis Codes	ICD10 Codes	Patient Diagnosis Code is required
2000E	HSD	HSD01	Quantity Qualifier	'DY'	When UM01=AR 'DY' is only acceptable value

#### 10.6. LOOP 2010EA (278 Request) – PATIENT EVENT PROVIDER NAME

Loop	Segment	Element	Name	Code(s)	Definition of Code/Cigna Usage
2010EA	NM1	NM101	Entity Identifier	'FA'	When UM01=AR a Facility 'FA' is required
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

2010EA	N4	N401, N402, N403	Requester City, State, Zip Code	NA	address, including City, State and Zip code
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### 10.7. LOOP 2000F (278 Request) – SERVICE LEVEL

Loop	Segment	Element	Name	Code(s)	Definition of Code/Cigna Usage
2000F	UM	UM02	Certification Type Code	'3' '4' 'I' 'S'	3: Cancel 4: Extension I: Initial S: Revised
2000F	SV1 or SV2		Professional Service or Institutional Service	NA	Required for outpatient requests (UM01=HS)
2000F	SV2	SV201	Revenue Code	National Uniform Billing Committee (NUBC) Codes	Inpatient Behavioral (UM01=AR) requests require the submission of a Revenue Code in SV201
2000F	SV3		Dental Service		Is not support by Cigna

### 10.8. LOOP 2010F (278 REQUEST) – SERVICE PROVIDER NAME

Loop	Segment	Element	Name	Code(s)	Definition of Code
2010F	NM1	NM103	Requester Last or Organization Name	NA	NA
2010F	NM1	NM104	Requester First Name	NA	Required when NM103 is present and NM102=1.
2010F	NM1	NM105	Requester Middle Name	NA	Required when NM104 is present and the middle name/initial of the person is known.
2010F	N3	N301	Requester Address	NA	To assist with provider matching, please provide the address, including City, State and Zip code
2010F	N4	N401, N402, N403	Requester City, State, Zip Code	NA	
2010F	PER	PER03	Communication Number Qualifier	'TE'	TE : Telephone Minimum of one Communication Number Qualifier required.
2010F	PER	PER05	Communication Number Qualifier	'FX'	FX : Facsimile Minimum of one Communication Number Qualifier required.
2010F	PER	PER07	Communication Number Qualifier	'EM'	EM : Electronic Mail Minimum of one Communication Number Qualifier required.
2010F	PRV	PRV02	Reference Identification Qualifier	'PXC'	PXC : Health Care Provider Taxonomy Code

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

Loop	Segment	Element	Name	Code(s)	Definition of Code
N/A	BHT	BHT06	Transaction Type Code	'18' '19'	18: Response - No Further Updates to Follow 19: Response- Further Updates to Follow

### 10.10. LOOP 2000E (278 RESPONSE) – PATIENT EVENT LEVEL

Loop	Segment	Element	Name	Code(s)	Definition of Code
2000E	UM	UM01	Request Category Code	'AR ' 'HS ' 'SC'	AR : Admission Review (Inpatient Admissions) HS : Health Services Review (Outpatient Services) IN : Individual SC : Specialty Care Review (Request for Referral)
2000E	UM	UM02	Certification Type Code	'3' '4' 'I' 'S'	3: Cancel 4: Extension I: Initial S: Revised

### 10.11. LOOP 2000F (278 RESPONSE) – SERVICE LEVEL

Loop	Segment	Element	Name	Code(s)	Definition of Code
2000F	UM	UM02	Certification Type Code	'3' '4' 'I' 'S'	3: Cancel 4: Extension I: Initial S: Revised

### 10.12. 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.
2010C	Y	67	C	Subscriber not found please correct and resubmit
2010D	Y	67	C	Dependent not found please correct and resubmit
2000E	N	33	C	Request Category Code "IN" is not supported.

				Please correct and resubmit.
2000E	N	33	C	Certification Type Code (UM02) is not supported. Please correct and resubmit.
2000E	N	33	C	UM03 Service Type code is not supported. Please correct and resubmit.
2000E	N	33	C	UM04-1 is not valid for service (s) being requested. Please correct and resubmit.
2000E	N	15	C	Only HSD01=DY valid when UM01=AR. Please correct and resubmit.
2000E	N	15	C	HSD02 value of "0" is invalid. Please correct and resubmit.
2000E	N	15	C	HSD04 value of "0" is invalid. Please correct and resubmit.
2000E	N	15	C	HSD06 value of "0" is invalid. Please correct and resubmit.
2000E	N	AF	C	Invalid/missing Diagnosis Code. 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	N	15	C	When UM01=HS a procedure code

				is required. Please correct and resubmit.
2000E	N	AA	C	Missing or invalid Previous Certification Number.
2000E	N	33	C	Missing or invalid Administrative Reference Number.
2010EA	N	44	C	Invalid/missing Provider Name. Please correct and resubmit.
2010EA	N	97	C	Invalid/missing Provider Address. Please correct and resubmit.
2010EA	N	15	C	When UM01=AR Facility Provider (FA) required. Please correct and resubmit.
2010EA	N	15	C	When UM01=AR a non-Facility (FA) provider is required. Please correct and resubmit.
2010EA	N	33	C	Provider information not submitted. Correct and resubmit.
2010EA	N	IP	C	Inappropriate Provider Role. Please correct and resubmit.
2010EA	N	41	N	Provider ineligible for requesting an amendment.
2000F	N	AG	C	Service code is required when UM01=HS. Please correct and resubmit.
2000F	N	AG	C	Revenue code is required for

				Behavioral Inpatient UM01=AR. Please correct and resubmit.
2000F	N	15	C	HSD02 value of "0" is invalid. Please correct and resubmit.
2000F	N	15	C	HSD04 value of "0" is invalid. Please correct and resubmit.
2000F	N	15	C	HSD06 value of "0" is invalid. Please correct and resubmit.
2000F	N	AG	N	Invalid/Missing procedure code for an amendment.
2010FA	N	44	C	Invalid/missing Provider Name. Please correct and resubmit.
2010FA	N	97	C	Invalid/missing Provider Address. Please correct and resubmit.
2010FA	N	41	N	Provider ineligible for requesting an amendment.
2010FA	N	IP	C	Inappropriate Provider Role. Please correct and resubmit.

## 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
07/19/2011	1.0	Initial Version	
08/18/2011	1.1	Post-delivery updates made based on feedback: <ul style="list-style-type: none"> <li>• Corrections made to customer service information in sections 4.2 and 11</li> </ul>	
10/04/2011	1.2	Post-delivery updates made based on feedback: <ul style="list-style-type: none"> <li>• New Cigna logo added, name change and Disclosure Statement update made</li> <li>• EDI Technical Assistance telephone number changed</li> </ul>	
01/10/2012	1.3	Post-delivery updates made based on feedback: <ul style="list-style-type: none"> <li>• Text added to section 4.3 regarding file naming conventions for files</li> <li>• Text added to section 8 regarding file naming conventions for TA1, 999, and 278 Response files</li> </ul>	
02/14/2012	1.4	Post-delivery updates made based on feedback: <ul style="list-style-type: none"> <li>• Text added to section 7 regarding the Relaxation of HIPAA Compliance Guidelines</li> <li>• Cigna email address changed for contact and reporting of issues</li> </ul>	
02/24/2012	1.5	Post-delivery updates made based on feedback: <ul style="list-style-type: none"> <li>• EDI Technical Assistance telephone number changed</li> </ul>	M. Brooks M. Hmelovsky
8/14/2015	1.6	Updated the document with 278 realtime and batch processing information. Starting August 2015, 278 transactions will be coming in through Enterprise gateway instead of iGate.	Ramana Gudla
2/8/2016	1.7	Removed reference to HP	Melissa Neeley

5/31/2017	1.8	Section 2.1 – Updated to identify process for exchanging 278 transaction with Cigna Section 5.1 –updated email address Section 7– Added “The response returned for a referral request will be (NA) “No Action Required”.	S.Swyers J.Lee
10/31/17	1.9	Changes made to TRADING PARTNER AGREEMENTS and PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	Gurina B.
8/18/2020	2.0	Updated to support the Auto Authorization project Section 3. Testing With The Payer updated to reflect compliance level 1-5 Section 4.2.1 Trading Partner Testing updated to reflect compliance level 1 – 5 and subsequent responses added to the Real-Time submission flow Moved communication protocol information from section 4.2 to section 4.4 and added information about REST Section 7 Payer Specific Rules updated Section 10 Transaction Specific Information updated and revised Section 11.2. Business Scenario updated to Under Construction	Karen Roberg