



Companion Guide

**ASC X12N 835 (005010X221A1)
Health Care Claim Payment/Advice: 835**

**Version 1.12
October 2016**

Preface

The Cigna Companion Guide supplements the HIPAA ASC X12N 835 (005010X221A1) Implementation Guide for Health Care Claim Payment/Advice.

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Table of Contents

| | |
|---|-----------|
| 1. INTRODUCTION..... | 5 |
| 1.1. SCOPE | 5 |
| 1.2. OVERVIEW..... | 5 |
| 1.3. REFERENCES..... | 5 |
| 2. GETTING STARTED | 5 |
| 2.1. WORKING WITH CIGNA | 5 |
| 2.2. TRADING PARTNER REGISTRATION | 5 |
| 2.3. SYSTEM AVAILABILITY AND DOWNTIME..... | 5 |
| 3. TESTING WITH THE PAYER..... | 6 |
| 3.1. X12 TRANSACTION AUTHORIZATION TESTS | 6 |
| 3.2. X12 TRANSACTION ENVELOPE TEST VALIDATION | 7 |
| 3.3. X12 TRANSACTION EXCEPTION PROCESSING | 7 |
| 4. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS | 7 |
| 4.1. SYSTEM AVAILABILITY | 7 |
| 4.2. PROCESS FLOWS | 7 |
| 4.2.1. TRADING PARTNER TESTING..... | 8 |
| 4.3. TRANSMISSION ADMINISTRATIVE PROCEDURES | 10 |
| 4.3.1. RE-TRANSMISSION PROCEDURE | 10 |
| 4.4. COMMUNICATION PROTOCOL SPECIFICATIONS | 10 |
| 4.5. SECURITY AND AUTHENTICATION REQUIREMENTS..... | 10 |
| 5. CONTACT INFORMATION | 11 |
| 5.1. EDI CUSTOMER SERVICE | 11 |
| 5.2. EDI TECHNICAL ASSISTANCE | 11 |
| 5.3. PROVIDER SERVICE NUMBER..... | 11 |
| 5.4. APPLICABLE WEBSITES / E-MAIL | 11 |
| 6. CONTROL SEGMENTS / ENVELOPES | 12 |
| 6.1. ISA – IEA (835)..... | 12 |
| 6.2. GS – GE (835) | 13 |
| 6.3. ST – SE (835) | 14 |
| 7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS | 14 |
| 8. ACKNOWLEDGEMENTS AND OR REPORTS..... | 15 |
| 9. TRADING PARTNER AGREEMENTS | 15 |
| 10. TRANSACTION SPECIFIC INFORMATION (LOOPS)..... | 15 |
| 10.1. LOOP N/A (835) | 15 |
| 10.2. LOOP 1000B (835) – PAYEE IDENTIFICATION..... | 15 |
| 10.3. LOOP 2100 (835) – CLAIM PAYMENT INFORMATION | 16 |
| 10.4. LOOP 2110 (835) – SERVICE PAYMENT INFORMATION..... | 18 |
| 11. APPENDICES | 19 |
| 11.1. IMPLEMENTATION CHECKLIST | 19 |
| 11.2. BUSINESS SCENARIO | 19 |
| 11.3. TRANSMISSION EXAMPLE | 19 |
| 11.4. TRADING PARTNER SET UP REQUEST FORM..... | 20 |

11.4.1. *Roles and Responsibilities*20
11.5. CHANGE SUMMARY20

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 835 Health Care Claim Payment/Advice transaction in the Electronic Data Interchange (EDI) environment.

1.2. OVERVIEW

This Companion Guide will replace, in total, the previous Cigna Companion Guide for the 835 Health Care Claim Payment/Advice transaction. This Companion Guide has been written to assist you in designing and implementing Health Care Claim Payment/Advice transactions with Cigna. The Cigna Companion Guide identifies key data elements from the transaction set that Cigna will provide to you. This information is to enable you to more effectively receive Health Care Claim Payment/Advice transactions from Cigna.

1.3. REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X221A1) Health Care Claim Payment/Advice.

2. GETTING STARTED

2.1. WORKING WITH CIGNA

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.

Cigna offers multiple connectivity options, as noted in Section 4 below for exchanging EDI transactions through a consolidated Gateway managed by Cigna.

Trading partners who have an active trading partner agreement are given IDs and a URL to access the Cigna Technical Assessment Tool.

If you have additional questions please contact Cigna at this email address:
EDIEscalatedRequests@Cigna.com

2.2. TRADING PARTNER REGISTRATION

All trading partners who wish to receive Health Care Claims Payment/Advice from Cigna via the ASC X12 835 (Version 005010X221A1) must complete three technical assessments to provide Cigna with their contact information, desired connectivity method, and transaction-specific information. After completing the assessments Cigna will work with each Trading Partner to establish connectivity. Upon successful connectivity testing each Trading Partner can then begin system testing.

2.3. SYSTEM AVAILABILITY AND DOWNTIME

The 835 transaction is available 24 hours a day, 7 days a week. To allow for maintenance, the 835 transactions may be unavailable on 1st and 3rd Sunday from 6:00 p.m. until 10:00 p.m. ET. Batch files are queued for processing after the release window completes.

3. TESTING WITH THE PAYER

EDI Controls

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

X12 Transaction Processing

- X12 transactions will be verified as originating from a Cigna recognized trading partner (authenticated) and checked for access to submit the specific X12 transaction (authorization). Cigna requests that the Trading Partner generate appropriate TA1 and/or 999 response back to Cigna.
- X12 transactions will be checked for proper X12 structure via “envelope test validation”. This insures the transaction request is complete and formatted properly.
- X12 data elements that are mapped to Cigna’s copybook will be checked for validity through a defined set of “exception processing tests”.
- 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 generation of each X12 Health Care Claim Payment/Advice: 835

The authorization tests run in the order shown. 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 1 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 generation of each X12 835 request.
- The envelope tests run in the order shown. Multiple errors are not processed since this can lead to faulty error reporting.

| HIPAA Element | Envelope Tests | TA1 Response | 999 Response | |
|---------------|---|--------------|--------------|-------|
| | | TA105 | IK502 | AK905 |
| 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 | N/A | 4 |
| ST Segments | Transaction Sets Included count in GE01 does not match actual Transaction Sets counted | N/A | N/A | 5 |
| ST Segments | Transaction Set Control Number in ST02 does not match Transaction Set Control Number in SE02. | N/A | 3 | NA |
| SE Segment | Number of Included Segments Count in SE01 does not match actual segment count | N/A | 4 | N/A |
| | | | | |

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

The 835 transaction is available 24 hours a day, 7 days a week. However, to allow for maintenance, the 835 transactions may be unavailable on the first and third Sundays of the month from 6:00 p.m. until 10:00 p.m. EST. Batch files are queued for processing after the release window completes.

4.2. PROCESS FLOWS

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.

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:

- HTTPS {PGP Optional}
- Applicability Statement 2 – AS2 – EDIINT Automated HTTP(s)
- Applicability Statement 3 – AS3 – EDIINT FTP(s)
- FTP {PGP Mandatory}/FTP-SSL
- SSH/SFTP {PGP Optional}
- IBM Connect:Direct w/Secure+

In conformance with CORE III 835 Infrastructure Rule, Cigna now supports HTTP + MIME and SOAP + WSDL connections. Trading partners planning on using these new connectivity options must obtain a username and password from Cigna. Detailed specifications for these connections are published by CAQH. Click here to see detailed specifications : [CAQH CORE 835 Rule](#)

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

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

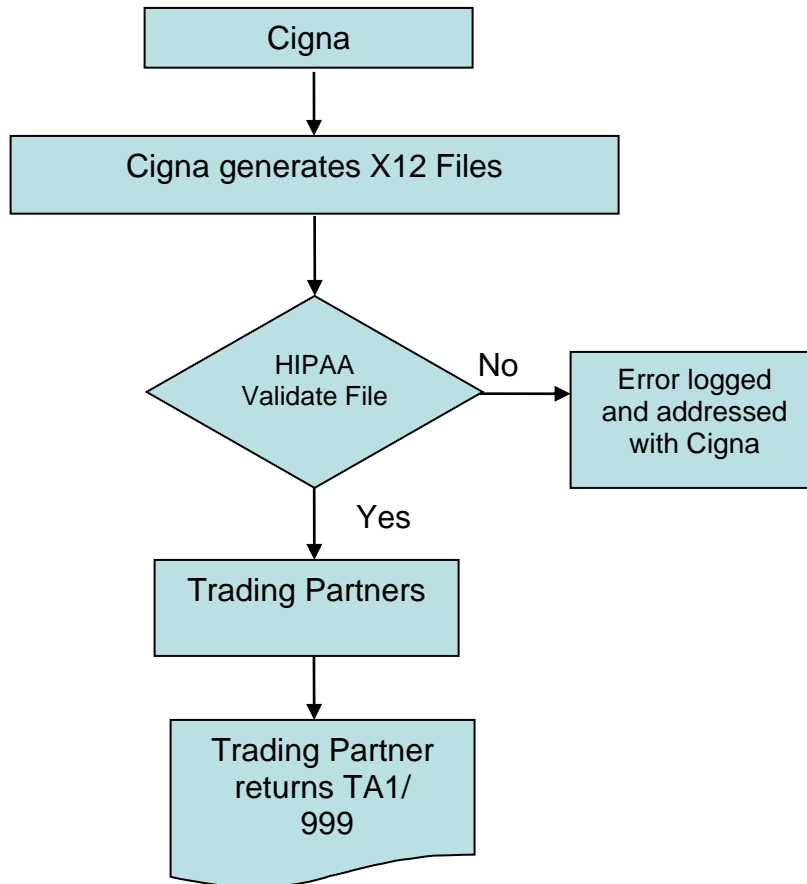
Please Note: These are Cigna Standard offerings. If these methods cannot be applied, contact the Cigna Trading Partner help desk at CHCTradingPartnerManagement@Cigna.com to schedule a meeting with a Cigna TPG representative.

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.

4.2.1. TRADING PARTNER TESTING

Before receiving outbound production files, each trading partner should test to ensure they can successfully process a Cigna HIPAA compliant X12 file. First, trading partners will download outbound X12 files from the self-service Cigna Validation Tool. Next, trading partners will run the test files in their system to ensure that the file processes as expected.

Batch Submission Flow



4.3. TRANSMISSION ADMINISTRATIVE PROCEDURES

Cigna expects 835 Trading Partners to respond with a 999 within 4 hours of receiving the Cigna 835, unless Trading Partner agreement specifies another timeframe.

The 835 file naming convention will follow this guideline:

- 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 835 was generated (format ccyymmdd-hhmmss)
- Node 5: Internal File extension
- Node 6: Sequence Number
- Node 7: File extension

Examples:

- TST.TPAABC.005010X221A1.20110609-110525.dat.0000000001.ext
- PROD.PROVIDER456.005010X221A1.20110609-110525.dat.1234567890.pgp

4.3.1. RE-TRANSMISSION PROCEDURE

Cigna will notify the Trading Partner when retransmitting 835 files previously generated and not received by Trading Partner. Notification will include a list of the impacted providers. Cigna will have the ability to retransmit either a single remit or an entire 835 file.

Retransmit an entire 835 file with single or multiple remits:

- Trading partner must either call or send an e-mail to the Customer Support Center and request the re-transmission. At this time a ticket will be opened and assigned to request the re-transmission.
- For a single 835 the following information will need to be provided, Taxpayer Identification Number (TIN), NPI, check or electronic funds transfer (EFT) trace number, payment date, and the payment amount
- For an 835 file the batch file date will be needed.

Retransmit/Replay a single remit in a 835 file containing multiple remits:

- Trading partner must either call or send an e-mail to Customer Support Center and request the re-transmission. At this time a ticket will be opened and assigned to request the re-transmission.
- For a single 835 the following information will need to be provided, Taxpayer Identification Number (TIN), NPI, check or electronic funds transfer (EFT) trace number, payment date, and the payment amount
- If the Customer Support cannot locate the remit, they will contact the Trading Partner to obtain additional information.

Note: Any remit for payments made beyond 90 days has been archived. Cigna requires remit receipt date information and five business days as turnaround time to replay an archived remit.

4.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Communication Protocol Specifications are not required for Batch Processing.

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 835 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 835 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. Registration is required.

6. CONTROL SEGMENTS / ENVELOPES

6.1. ISA – IEA (835)

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.

The ">" (greater than) or "<" (less than) characters should not be used as the Segment, Element, Repetition Separator (ISA11), or component Element Separator (ISA16) delimiters as this will cause an application failure and cause a delay in the processing of the file.

| Segment ID | Element ID | Name | Code | Definition of Code / Notes |
|------------|------------|--------------------------------------|---|--|
| ISA | | Interchange Control Header Segment | | |
| | ISA01 | Authorization Information Qualifier | '00' | No Authorization Information Present |
| | ISA02 | Authorization Information | 10 'spaces' | Authorization Information |
| | ISA03 | Security Information Qualifier | '00' | No Security Information Present |
| | ISA04 | Security Information | 10 'spaces' | No Security Information Note: Value should always be 'spaces' |
| | ISA05 | Interchange ID Qualifier of Sender | '01' '20' '27' '28' '30' 'ZZ' | Interchange Sender ID Qualifier |
| | ISA06 | Interchange Sender ID | '029053964' '555550000' '623080000' '623080001' '029053964P' '029053964T' '043138814-11248' '807050000000000' '807050210' | Interchange Sender ID |
| | ISA07 | Interchange ID Qualifier of Receiver | <Interchange ID Qualifier of Receiver> | U.S. Federal Tax Identification Number |
| | ISA08 | Interchange Receiver ID | <Interchange Receiver ID> | Interchange Receiver ID |
| | ISA09 | Interchange Date | Format: YYMMDD | Date of the interchange See note for ISA15 |
| | ISA10 | Interchange Time | Format: HHMM | Time of the interchange See note for ISA15 |
| | ISA11 | Repetition Separator | '^' | Repetition Separator is a delimiter used to separate repeated occurrences of simple data element or composite data structure |
| | ISA12 | Interchange Control Version Number | '00501' | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 |
| | ISA13 | Interchange Control Number | <Interchange Control Number> | Control Number used by the interchange sender; must be identical to the associated Interchange Trailer IEA02 |
| | ISA14 | Acknowledgment Requested | '1' | 1: Acknowledgement Requested |

| | | | | |
|-----|-------|--|--|---|
| | ISA15 | Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information | 'T' 'P' | 'T': Test data 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 (835)

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 | 'HP' | Health Care Claim Payment/Advice (835). |
| | GS02 | Application Sender's Code | '029053964' '623080000' '623080001' '029053964P' '029053964T' 'CBH' '8070500000000000' '80705' '807050210' Medicaid Reclamation '80705000000000MR' '62308000000000MR' | Code identifying party sending transmission. |
| | GS03 | Application Receiver's Code | <Application Receiver's Code> | Code identifying party receiving transmission. |
| | GS04 | Date | Format: CCYYMMDD | Date of functional group creation |
| | GS05 | Time | Format: HHMM | Creation time |
| | GS06 | Group Control Number | <Group Control Number> | Start with '000000001' and increment by 1 for each GS segment; Control Number will 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 | '005010X221A1' | Health Care Claim: 835 Implementation Guide originally published in April 2006 as "005010X221", and now includes the addenda published in June 2010 as "005010X221A1". |
| GE | | Functional Group Trailer | | |
| | GE01 | Number of Transaction Sets Included | <Number of Transaction Sets | Number of transactions included |

| | | | | |
|--|------|----------------------|------------------------|---|
| | | | Included> | |
| | GE02 | Group Control Number | <Group Control Number> | Group Control Number will be identical to same data element in functional group header, GS06. |

6.3. ST – SE (835)

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 | '835' | Health Care Claim Payment/Advice 835 |
| | ST02 | Transaction Set Control Number | <Transaction Set Control Number> | Cigna generates a 9-digit ID, which increments by 1 for each ST segment created. The 1st ID generated would be '000000001'. The transaction set control numbers in ST02 and SE02 will be identical. |
| 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

When a Trading Partner is enrolling for NPI bulking, NPI Bulking will apply for all NPIs within that Tax Identification Number or else it will be automatically aligned to a default bank account. The EFT and ERA preference will match.

Relaxation of HIPAA Compliance Guidelines

Cigna currently allows the following exceptions to the guidelines for submitted data as defined in the HIPAA ASC X12N 835 (005010X221A1) Implementation Guide for Health Care Claim Payment/Advice.

- The transaction will not be rejected if:
 - It does not meet requirements for SNIP Type 7 Partner Specific edits.
 - REF02 (Provider Secondary ID) is not in standard Social Security Number format when REF01 = 'SY'.
 - REF02 (Provider Secondary ID) is not UPIN when REF01='1G'.
- NM1 (Insured Name) will reject for Medicaid (CLP06 is 'MC').
- NM1 (Insured Name) will reject for Medicare (CLP06 is 'MA' or 'MB').
- NM108 (Provider Receiver ID Code Qualifier) is not required to be 'XX' (denoting NM109 as NPI).

- N104 can be used even if National PlanID is unavailable.
- HI HIN number syntax does not require verification.
- SSN is valid for Patient ID, Other Claim Related ID, and Rendering Provider ID.
- Remark codes in MIA or MOA segments are required when Claim Adjustment Reason Code 16, 17, 96, 125, 148, 226, 227 or A1 is used in 2100 CAS segment.
- Remark codes in LQ segment are required when Claim Adjustment Reason Code 16, 17, 96, 125, 148, 226, 227 or A1 is used in 2110 CAS segment.
- If 2100 NM108 = 34 (where NM101 = QC) is indicated as a Primary ID, then Secondary ID where 2100 REF01 = SY should not be used.
- The Trading Partner Gateway Edit Engine will be used in place of Edifecs editing to validate zip codes and provider NPI.
- Zip code information must be present in loops and segments where the zip code is designated as a required field and match the required TR3 format guidelines for five and nine digit codes.

8. ACKNOWLEDGEMENTS AND OR REPORTS

Cigna will request the 999 acknowledgement for all outbound X12 transactions.

9. TRADING PARTNER AGREEMENTS

Trading Partner Agreements for existing Partners are currently on file with Cigna. 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 835 Transaction Loops. The following section identifies these loops, their segments and their required element values:

- Loop N/A
- Loop 1000B – Payee Identification
- Loop 2100 – Claim Payment Information
- Loop 2110 – Service Payment Information

10.1. LOOP N/A (835)

| Loop | Segment | Element | Name | Code | Definition of Code |
|------|---------|---------|-------------------------|------|--|
| N/A | REF | | Receiver Identification | | Cigna will always provide this segment. |
| N/A | DTM | | Production Date | | Cigna will always provide this segment. |
| N/A | PLB | | Provider Adjustment | | Cigna does not have a maximum limit of PLB segments in a remittance. |

10.2. LOOP 1000B (835) – PAYEE IDENTIFICATION

| Loop | Segment | Element | Name | Code(s) | Definition of Code |
|------|---------|---------|------|---------|--------------------|
|------|---------|---------|------|---------|--------------------|

| | | | | | |
|-------|-----|--|------------------------------|--|---|
| 1000B | N3 | | Payee Address | | Cigna will always provide this segment. |
| 1000B | REF | | Payee Additional Information | | Cigna utilizes up to 4 occurrences in this segment. |

10.3 LOOP 2000 (835) – PROVIDER SUMMARY INFORMATION

| Loop | Segment | Element | Name | Code(s) | Definition of Code |
|------|---------|---------|--------------------------|---------|---|
| 2000 | LX | 01 | Assigned Number | | Number assigned for differentiation within a transaction set |
| 2000 | TS3 | 301 | Reference Identification | | Cigna sends the billing provider NPI if found, if not the Tax ID will be sent |
| 2000 | TS3 | 302 | Facility Code Value | | When all claims are not for the same place of service, the facility type code value will be 11 for professional or dental claims, and 22 for institutional claims. 99 will be used as place of service for all other claims |
| 2000 | TS3 | 303 | Date | | Cigna will default using the date of 12/31 and the year the remit is sent. |
| 2000 | TS3 | 304 | Quantity | | Cigna sends the claim count of each 2000 loop |
| 2000 | TS3 | 305 | Monetary Amount | | Cigna sends the total charges amount under each 2000 loop |
| | | | | | |

10.4 LOOP 2100 (835) – CLAIM PAYMENT INFORMATION

| Loop | Segment | Element | Name | Code(s) | Definition of Code/Notes |
|------|---------|---------|---------------------------|----------------------|---|
| 2100 | CLP | | Claim Payment Information | | <p>1. Cigna sends the Claim filing indicator code "13" for OAP claims using this segment. CLP06 is being used to report this information. (For HMO Claim ONLY)</p> <p>2. Cigna will not send more than 5,000 CLP segments per ST/SE envelope</p> |
| 2100 | CLP | CLP02 | Claim Status Code | '19' '20' '21' | <p>Cigna supports the following claim status codes (CLP02) if a member is enrolled in a Cigna Choice fund product and/or Healthcare FSA with "automatic claim rollover". These claim status codes are being used on the 835 generated for the underlying plan payment and/or on the 835 generated for the HRA or FSA or HSA payment.</p> <p>Status Code Status Code Description</p> <p>19 Processed as Primary for the underlying plan payment, but with associated HSA or HRA or FS payments</p> <p>20 Processed as Secondary for the underlying plan payment, but with associated HSA or HRA or FSA payments</p> <p> OR</p> <p>Processed as Secondary for HAS or HRA or FSA payment, but with associated additional HAS or HRA or FSA payments</p> <p>21 Processed as Tertiary for HSA or HRA or FSA payment but with associated additional HSA or HRA or FSA payments.</p> <p>The above status codes are the trigger for the providers that they are receiving another payment/835 for the same claim from Cigna and as a result should not balance bill the member until they receive the other payment/835. For example, a claim status code of '19' reported on a 835 means</p> |

| | | | | | |
|------|-----|-------|------------------------------------|----------------------------|--|
| | | | | | that the claim was processed as primary for the underlying plan but with associated HRA or FSA or HSA payments. Since the claim status code is 19, the provider should be expecting to receive another payment/835 associated with this claim for HSA or HRA or FSA payment from Cigna. Hence the provider should not balance bill the member for any member liability reported on this claim until the provider receives the HRA or FSA or HSA payment/835. |
| 2100 | CLP | CLP02 | Claim Status Code | '20' '21' '2' '3' | Cigna generates 835s for reporting member liability reimbursement payments (HRA/FSA/HSA) if a member is enrolled in one of our Choice Fund products and/or Healthcare FSA with "automatic claim rollover". The 835s generated for member liability reimbursement payments (HRA/FSA/HSA) are being reported as if they are a secondary COB type plan payment since this would be a secondary payment issued by Cigna on behalf of the member in addition to the underlying plan payment. 835's generated for member liability reimbursement payments (HRA/FSA/HSA) are ideally sent out on the same EDI file transmission along with the corresponding 835 associated with the underlying plan payment but on different ISA/IEA segments to the clearinghouse. The 835s generated for member liability reimbursement payments (HRA/FSA/HSA) are being reported as if they are a secondary COB type plan payment where the claim status code would be either 20, 21, 2, or 3. |
| 2100 | NM1 | NM109 | Patient Name – Identification Code | | Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all ERA's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions. |
| 2100 | NM1 | NM109 | Insured Name – Identification Code | | Identifies a Cigna specific unique member identifier rather than the Social Security Number (SSN). If a unique member identifier exists, it will be used as the primary identification code on all ERA's, in place of the member's SSN. Once this unique member identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications and claim submissions. |
| 2100 | REF | | Other Claim Related Identification | | Cigna sends the reference identification of "OPEN ACCESS PLUS" For OAP claims using this segment. REF01 Qualifier 'CE' is being used to report this information. |

| | | | | |
|------|-----|-------|------------------------------------|--|
| 2100 | REF | REF02 | Other Claim Related Identification | <p>Claim Identification Number for Clearinghouses and Other Transmission Intermediaries: Some clearinghouses that are trading partners with Cigna have expressed an interest in receiving the data "Claim Identification Number for Clearinghouses and Other Transmission Intermediaries" in the 835. This data (also known as the Clearinghouses document control number, or DCN) is submitted on all three variations of the 837 transaction, in the REF*D9 segment of the 2300 loop.</p> <p>There is no HIPAA-defined location to place this data on the 835 transaction, but Cigna has agreed to provide the information under the following conditions:</p> <p>a) The Clearinghouse DCN will be provided in this segment (1st REF segment of the 2100 loop) using qualifier 'D9' to identify it.</p> <p>b) The Clearinghouse DCN will only be provided to Trading Partners that request it in writing, and agree to these conditions.</p> <p>c) The Trading Partners that receive this information agree to remove it from the transaction before forwarding the transaction to any other entities.</p> <p>D) The Trading Partners that receive this information should modify their edits to allow/accept 6 occurrences of the REF segment wherein the 6th occurrence will be with D9 qualifier and the clearinghouse DCN.</p> |
| 2100 | DTM | | Claim Received Date | Cigna sends the Claim Received date using this segment. |

10.5 LOOP 2110 (835) – SERVICE PAYMENT INFORMATION

| Loop | Segment | Element | Name | Code(s) | Definition of Code/Notes |
|------|---------|---------|-----------------------------|---------|---|
| 2110 | AMT | | Service Supplemental Amount | | Cigna sends Allowed amount using this segment. AMT01 Qualifier 'B6' is being used to report this information. |

11. APPENDICES

11.1. Implementation Checklist

Once you receive Welcome Package, please sign on and test connectivity.

11.2. Business Scenario

1. DRG - Institutional claims that are processed using a DRG will report adjustments at the claim level only. If there are additional services submitted on the claim that were not included in the DRG payment, these may be reported at the individual service line level in addition to the DRG adjustments at the claim level. See Transmission Example 1 in Appendix 3 for an example of a DRG claim with adjustments at the claim level only.
2. Per Diem - Institutional claims that are processed with a Per Diem may report adjustments at either a claim level or a service line level. Any adjustments at the service line level will not be repeated at the claim level. See Transmission Example 2 in Appendix 3 for an example of a Per Diem claim with adjustments at the claim level only. See Transmission Example 3 in Appendix 3 for an example of a Per Diem claim with adjustments at the claim level and service line level.
3. Choice Fund Reimbursement Accounts - many Cigna patients have a Cigna Choice Fund reimbursement account, such as a Health Reimbursement Account (HRA) or Health Savings Account (HSA). For patients with these accounts, more than one ERA may be received for the claim. Most payments from the patient's account are sent in the same EFT and ERA as the medical payment.

When payment is made from the patient's account, the ERA indicates the remaining patient responsibility and contains a claim status code:

- 19= Processed as Primary for the underlying plan payment, but with associated patient account payment
- 20= Processed as Secondary for the underlying plan payment, but with associated patient account payment
- 21= Processed as Tertiary for patient account payment, but with associated additional patient account payment

The ERA for patient's account payment has a claim status code of 2 (processed as secondary) or 3 (processed as tertiary) and claim adjustment reason codes:

- OA/187 = Consumer spending account payments (includes but is not limited to Flexible Spending Account, HSA, HRA, etc.
- OA/23 = The impact of prior payer(s) adjudication including payments and/or adjustments. OA/23 is used to balance the patient's account payment with the medical payment.

The above information can help you identify payments from these accounts. See Transmission Example 4 in Appendix 3 for an example of a Choice Fund Reimbursement Account ERA.

11.3. Transmission Example

Transmission Example for the 835 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.

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:

- HTTPS {PGP Optional}
- Applicability Statement 2 – AS2 – EDIINT Automated HTTP(s)
- Applicability Statement 3 – AS3 – EDIINT FTP(s)
- FTP {PGP Mandatory}/FTP-SSL
- SSH/SFTP {PGP Optional}
- IBM Connect:Direct w/Secure+

Please Note: These are Cigna Standard offerings. If these methods cannot be applied, contact the Cigna Trading Partner Management help desk at CHCTradingPartnerManagement@Cigna.com to schedule a meeting with a 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 receiving outbound production files, each trading partner should test to ensure they can successfully process a Cigna HIPAA compliant X12 file. First, trading partners will download outbound X12 files from the self-service Cigna Validation Tool. Next, trading partners will run the test files in their system to ensure that the file processes as expected.

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 |
|------------|---------|-----------------|--------|
| 03/31/2011 | 1.0 | Initial Version | |

| | | | |
|------------|------|--|--|
| 04/25/2011 | 1.1 | ST03 row removed from the ST-SE table in section 6.3 | |
| 07/28/2011 | 1.2 | Post-delivery updates based on feedback: <ul style="list-style-type: none"> Removed CTX05, CTX06 and IK403 entries from table in section 3.1 Corrections made to AK905 entries in table in section 3.1 Removed HL, ST, and GS segment entries from table in section 3.2 Corrections made to customer service information in sections 4.2 and 11 Correction made to diagram text in section 4.2.1 Added information regarding 277CA in section 4.3 Replaced section 4.5 and made changes to password information in sections 4.6 and 11 Corrections made to Transaction Set Control Number assignment in table in section 6.3 | |
| 08/18/2011 | 1.3 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> Text added to section 6.1 regarding the use of delimiters | |
| 10/04/2011 | 1.4 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> New Cigna logo added, name change and Disclosure Statement update made EDI Technical Assistance telephone number changed | |
| 01/10/2012 | 1.5 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> Text added to section 4.3 regarding file naming conventions for files | |
| 02/14/2012 | 1.6 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> Text added to section 7 regarding the Relaxation of HIPAA Compliance Guidelines Cigna email address changed for contact and reporting of issues | |
| 02/24/2012 | 1.7 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> EDI Technical Assistance telephone number changed | |
| 02/29/2012 | 1.8 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> Correction made to section 7 regarding the Relaxation of HIPAA Compliance Guidelines | |
| 03/20/2012 | 1.9 | Post-delivery updates made based on feedback: <ul style="list-style-type: none"> Text added to section 7 regarding zip code format | |
| 06/1/2013 | 1.10 | Updates | |
| 10/1/2013 | 1.11 | Post-deliver updates made: | |

| | | | |
|------------|------|---|--------------|
| | | Additional transfer methods added to 4.2 and 11.4 Ability to replay and single remit or file added to section 4.3.1 Additional business rules to section 7 New Loop information will be sent in section 10 | |
| 10/20/2016 | 1.12 | Added the two GS IDs for the Medicaid Reclamation remits. | Karen Roberg |