Companion guide

ASC X12N 835 (005010X221A1)

Health Care Claim Payment/Advice

Version 1.15
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cigna healthcare

Preface

The Cigna Healthcare® Companion Guide supplements the Health Insurance Portability and Accountability Act (HIPAA) ASC X12N 835 (005010X221A1) Implementation Guide for Health Care Claim Payment/Advice.

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1. Introduction

1.1 Scope

This companion guide has been designed to describe to Cigna Healthcare 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 Healthcare 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 to meet Cigna Healthcare processing standards. The Cigna Healthcare Companion Guide identifies key data elements from the transaction set that Cigna Healthcare will provide to you. The information is being provided to enable you to more effectively receive health care claim payment/advice transactions from Cigna Healthcare.

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 Healthcare

Cigna Healthcare 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 Healthcare offers multiple connectivity options, as noted in Section 3 below, for exchanging EDI transactions through a consolidated gateway managed by Cigna Healthcare.

Trading partners who have an active trading partner agreement are given IDs and a URL to access the Cigna Healthcare technical assessment tool.

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

2.2 Trading partner registration

All trading partners that wish to receive health care claim payment/advice transactions from Cigna Healthcare via the ASC X12 835 (Version 005010X221A1) transaction must complete three technical assessments to provide Cigna Healthcare with their contact information, desired connectivity method, and transaction-specific information. After completing the assessments, Cigna Healthcare 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. However, to allow for maintenance, 835 transactions may be unavailable on the first and third Sunday of the month from 6:00–10:00 p.m. ET. Batch files are queued for processing after the release window completes.

3. Connectivity with the payer/communications

3.1 System availability

The 835 transaction set is generally available 24 hours a day, 7 days a week. However, to allow for maintenance, 835 transactions may be unavailable on the third weekend of the month for maintenance. Batch files are queued for processing after the release window completes.

3.2 Process flows

Cigna Healthcare 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 user IDs, passwords, and a URL to access the Cigna Healthcare gateway. Trading partners will complete an EDT Assessment Form to provide Cigna Healthcare 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 Healthcare EDI Customer Service.

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

- HTTPS {PGP encryption optional}
- Applicability statement 2 – AS2 — EDIINT automated HTTP(s)
- Applicability statement 3 – AS3 — EDIINT FTP(s)
- FTP [PGP encryption mandatory]/FTP-SSL
- SSH/SFTP [PGP encryption optional]
- IBM Connect:Direct w/Secure+

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in section 3.2.1 Trading partner testing.

In conformance with the CORE III 835 Infrastructure Rule, Cigna Healthcare now supports SOAP + WSDL and REST API with JSON connections. Trading partners that plan to use these new connectivity options must obtain a username and password from Cigna Healthcare.

Trading partners that plan to use REST API with JSON will use OAuth 2.0 Client Authorization over TLS 1.2 or higher as the authorization method. Cigna Healthcare will also offer the OAuth 2.0 Client Authorization for Trading Partners using SOAP + WSDL.

Detailed specifications for these connections are published by CAQH in the CAQH CORE Connectivity Rule.

SOAP + WSDL connectivity

Protocol	Specifications
Protocol family:	TCP/IP
Application protocol:	http (secure)
Message format:	SOAP
HTTP method:	POST
Transaction payload format:	XML
SOAP XML input element name:	Payload
Content type:	“application/soap+xml”

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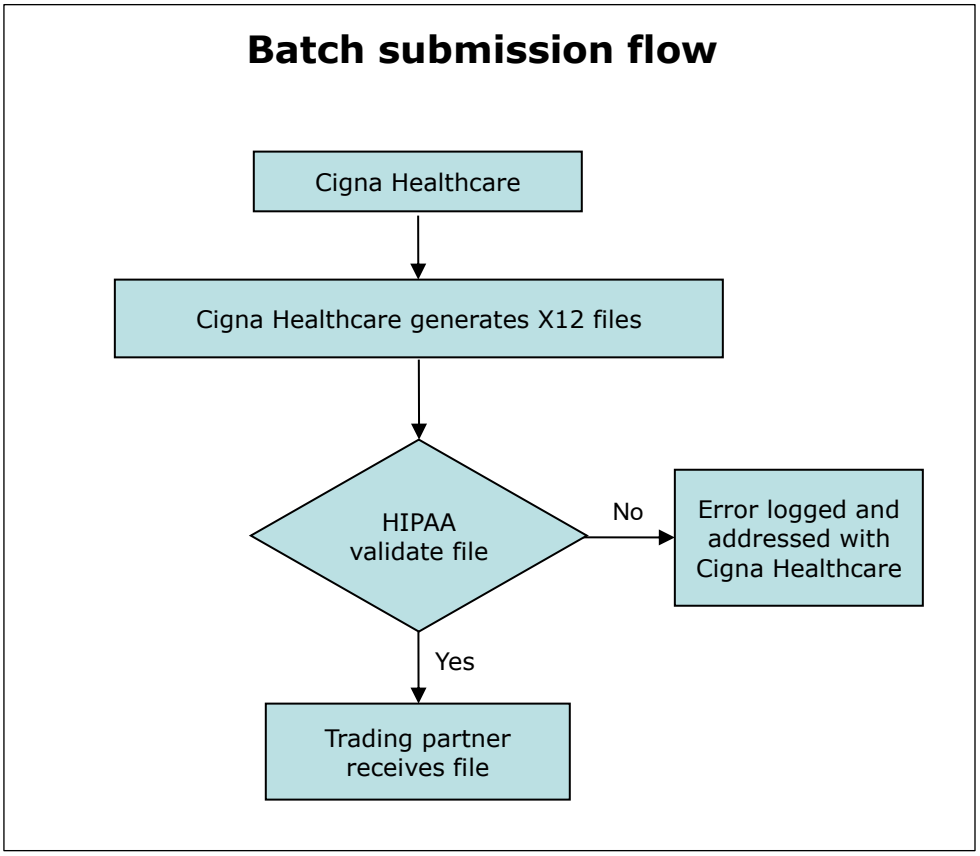
REST API with JSON connectivity

Protocol	Specifications
Protocol family:	TCP/IP
Application protocol:	http (secure)
Architectural style:	REST
HTTP method:	POST
Payload format:	JSON
Request payload element:	Payload
Content type:	"application/JSON"

3.2.1 Trading partner testing

Before receiving outbound production files, each trading partner should test to ensure they can successfully process a Cigna Healthcare HIPAA-compliant X12 file.

Upon request, Cigna Healthcare can provide a sample 835 electronic remittance advice (ERA) file to support trading partner implementation, setup, and testing activities. Trading partners interested in receiving a sample file should contact their Cigna Healthcare Trading Partner Relationship Manager. The sample file is intended for testing and validation purposes and may be used to assist in configuring systems to receive and process 835 transactions.



3.3 Retransmission procedure

Cigna Healthcare will notify the trading partner when retransmitting previously generated 835 files that were not received. The notification will include a list of impacted providers. Cigna Healthcare can retransmit either a single remittance or an entire 835 file.

To request the retransmission of an entire 835 file with single or multiple remittances, the trading partner must:

- Call or email the Customer Support Center to request retransmission. A ticket will be opened and assigned to the request.
- For a single 835 file, provide the Taxpayer Identification Number (TIN), National Provider Identifier (NPI), check or electronic funds transfer (EFT) trace number, payment date, and payment amount.
- For an entire 835 file, provide the batch file date.

To request retransmission or replay of a single remittance within an 835 file that contains multiple remittances, the trading partner must:

- Call or email the Customer Support Center to request retransmission. A ticket will be opened and assigned to the request.
- Provide the TIN, NPI, check or EFT trace number, payment date, and payment amount.

If the remittance cannot be located, the Customer Support Center will contact the trading partner for additional information.

Note: Remittances for payments made more than 90 days ago are archived. Cigna Healthcare will replay an archived remittance within five business days after receiving the required remittance receipt date information.

3.4 Communication protocol specifications

Communication protocol specifications are not required for batch processing.

4. Contact information

4.1 EDI customer service

Most questions can be answered by referencing this companion guide. If you have additional questions related to the Cigna Healthcare 835 transaction, contact your Cigna Healthcare Trading Partner Relationship Manager.

4.2 EDI technical assistance

If you have technical questions related to the Cigna Healthcare 835 transaction, call the Customer Support Center at **800.810.3388**.

4.3 Provider service phone number

If you have contracting, provider service, or credentialing questions, call 800.88Cigna (**800.882.4462**).

4.4 Applicable websites/email

For information about Cigna Healthcare policies, coverage positions, and claim edits, access the Cigna Healthcare website at Cigna.com > For Providers.

5. Control segments/envelopes

5.1 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 (~), which 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 delay processing 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 present. **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 TIN.
	ISA08	Interchange receiver ID	<Interchange Receiver ID>	Interchange receiver ID.
	ISA09	Interchange date	Format: YYMMDD	Date of the interchange. See note for ISA15.

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Segment ID	Element ID	Name	Code	Definition of code / notes
	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 X12Procedures 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 the 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 Healthcare functional group count.
	IEA02	Interchange control number	<Interchange Control Number>	Cigna Healthcare interchange control number.

5.2 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 Healthcare expects a trading partner to send functional groups and how Cigna Healthcare 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' '807050000000000' '80705' '807050210' Medicaid reclamation: '8070500000000MR' '6230800000000MR'	Code identifying party sending transmission.
	GS03	Application receiver's code	<Application Receiver's Code>	Code identifying the 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 the same data element in the group trailer, GE02.
	GS07	Responsible agency code	'X'	ASC 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 Included>	Number of transactions included.

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Segment ID	Element ID	Name	Code	Definition of code / notes
	GE02	Group control number	<Group Control Number>	Group control number must be identical to the same data element in the functional group header, GS06.

5.3 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 Healthcare generates a 9-digit ID that increases by 1 for each ST segment created. The first 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 the sending party.

6. Payer-specific business rules and limitations

When a trading partner enrolls in NPI bulking, the setup will apply to all NPIs associated with that TIN. If NPI bulking is not selected, payments will automatically align to the default bank account. The EFT and ERA preference will match.

Relaxation of HIPAA compliance guidelines

Cigna Healthcare 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 standardized national implementation process (SNIP) type 7 partner-specific edits.
  - REF02 (provider secondary ID) is not in standard Social Security number (SSN) 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 the national plan ID 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 the MIA or MOA segments are required when claim adjustment reason code 16, 17, 96, 125, 148, 226, 227, or A1 is used in the 2100 CAS segment.
- Remark codes in the LQ segment are required when claim adjustment reason code 16, 17, 96, 125, 148, 226, 227, or A1 is used in the 2110 CAS segment.
- If 2100 NM108 = 34 (where NM101 = QC) and is indicated as a primary ID, then a 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.

7. Acknowledgements and/or reports

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

8. Trading partner agreements

Trading partner agreements for existing partners are currently on file with Cigna Healthcare. For new trading partners, please send an email to your Trading Partner Relationship Manager.

9. Transaction-specific information (loops)

A transaction loop is a group of related segments. Cigna Healthcare-specific values are required for the elements that 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 2000 – Provider summary information
- Loop 2100 – Claim payment information
- Loop 2110 – Service payment information

9.1 Loop N/A (835)

Loop	Segment	Element	Name	Code	Definition of code
N/A	REF		Receiver identification		Cigna Healthcare will always provide this segment.
N/A	DTM		Production date		Cigna Healthcare will always provide this segment.
N/A	PLB		Provider adjustment		Cigna Healthcare does not have a maximum limit of PLB segments in a remittance.

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9.2 Loop 1000B (835) – Payee identification

Loop	Segment	Element	Name	Code	Definition of code
1000B	N3		Payee address		Cigna Healthcare will always provide this segment.
1000B	REF		Payee additional information		Cigna Healthcare utilizes up to four occurrences in this segment.

9.3 Loop 2000 (835) – Provider summary information

Loop	Segment	Element	Name	Code	Definition of code
2000	LX	01	Assigned number		Number assigned for differentiation within a transaction set.
2000	TS3	301	Reference identification		Cigna Healthcare sends the billing provider NPI if found; otherwise, the TIN 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. For all other clams, 99 will be used as the place of service.
2000	TS3	303	Date		Cigna Healthcare will default using the date of 12/31 and the year the remittance is sent.
2000	TS3	304	Quantity		Cigna Healthcare sends the claim count of each 2000 loop.
2000	TS3	305	Monetary amount		Cigna Healthcare sends the total charges amount under each 2000 loop.

9.4 Loop 2100 (835) – Claim payment information

Loop	Segment	Element	Name	Code	Definition of code/notes
2100	CLP		Claim payment information		1. Cigna Healthcare sends the claim filing indicator code "13" for OAP claims using this segment. CLP06 is used to report this information (for HMO claims ONLY). 2. Cigna Healthcare will not send more than 5,000 CLP segments per ST/SE envelope.
2100	CLP	CLP02	Claim status code	'19' '20' '21'	Cigna Healthcare supports the following claim status codes (CLP02) when a patient is enrolled in a Cigna Choice Fund® product and/or a health care flexible spending account (FSA) with "automatic claim rollover." These codes appear on the 835 payment/advice for the underlying plan payment and/or for the health savings account (HSA), health

Loop	Segment	Element	Name	Code	Definition of code/notes
					reimbursement account (HRA), or FSA payment. Status codes and descriptions: 19 Processed as *primary* for the underlying plan payment, with associated HSA, HRA, or FSA payments. 20 Processed as *secondary* for the underlying plan payment, with associated HSA, HRA, or FSA payments. *or* Processed as *secondary* for an HSA, HRA, or FSA payment, with associated additional HSA, HRA, or FSA payments. 21 Processed as *tertiary* for an HSA, HRA, or FSA payment, with associated additional HSA, HRA, or FSA payments. These status codes tell providers that they should receive an additional 835 payment/advice from Cigna Healthcare for the same claim. Providers should wait to bill the patient for any patient liability until they receive the additional 835 payment/advice. For example, if claim status code '19' appears on an 835 payment/advice, the claim was processed as primary for the underlying plan and has associated HSA, HRA, or FSA payments. The provider should expect to receive an additional 835 payment / advice from Cigna Healthcare for the HSA, HRA, or FSA payment. The provider should not balance bill the patient for any reported patient liability until that additional 835 payment/advice is received.
2100	CLP	CLP02	Claim status code	'20' '21' '2' '3'	Cigna Healthcare generates an 835 payment/advice to report patient liability reimbursement payments, such as HSA, HRA, FSA payments when a patient is enrolled in a Cigna Choice Fund product and/or a health care FSA with "automatic claim rollover." This 835 payment/advice: • Reports the payments as secondary COB-type plan payments because they are secondary payments issued by Cigna Healthcare in

Loop	Segment	Element	Name	Code	Definition of code/notes
					addition to the underlying plan payment. • When possible, is sent in the same EDI file transmission as the corresponding 835 payment/advice for the underlying plan payment, but in separate ISA/IEA segments to the clearinghouse. • Reports the payments with a claim status code of 20, 21, 2, or 3.
2100	NM1	NM109	Patient name – identification code		Cigna Healthcare identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN. If a unique patient identifier exists, it will be used as the primary identification code on all ERAs in place of the patient's SSN. Once this unique patient 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		Cigna Healthcare identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN. If a unique patient identifier exists, it will be used as the primary identification code on all ERAs in place of the patient's SSN. Once this unique patient 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 Healthcare uses this segment to send the reference identification of "OPEN ACCESS PLUS" for OAP claims. REF01 qualifier 'CE' is used to report this information.
2100	REF		Other claim-related identification	REF02	This is a claim identification number for clearinghouses and other transmission intermediaries: Some clearinghouses that are trading partners with Cigna Healthcare have expressed an interest in receiving the data "claim identification number for clearinghouses and other transmission intermediaries" in the 835 payment / advice. This data (also known as the clearinghouse's document control number [DCN]) is submitted on all three variations of the 837 transaction in the REF*D9 segment of loop 2300.

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Loop	Segment	Element	Name	Code	Definition of code/notes
					There is no HIPAA-defined location to place this data on the 835 transaction, but Cigna Healthcare has agreed to provide the information under the following conditions: a) The clearinghouse DCN is provided in this segment (first REF segment of loop 2100) using qualifier 'D9' to identify it. b) The clearinghouse DCN is only provided to trading partners that request it in writing and agree to these conditions. c) The trading partners that receive this information agree to remove it from the transaction before forwarding the transaction to any other entities. D) The trading partners that receive this information should modify their edits to allow/accept six occurrences of the REF segment, wherein the sixth occurrence will be with the D9 qualifier and the clearinghouse DCN.
2100	DTM		Claim received date		Cigna Healthcare sends the claim received date using this segment.

9.5 Loop 2110 (835) – Service payment information

Loop	Segment	Element	Name	Code	Definition of code/notes
2100	AMT		Service supplemental amount		Cigna Healthcare sends allowed amount using this segment. AMT01 qualifier 'B6' is used to report this information.

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10. Appendices

10.1 Business scenarios

Scenario 1: Diagnosis-related group (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.

Scenario 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.

Scenario 3: Cigna Choice Fund reimbursement accounts

Many patients with Cigna Healthcare-administered plans have a Cigna Choice Fund reimbursement account, such as an HRA or 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 one of the following claim status codes:

- 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 the patient account payment, but with associated additional patient account payment.

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

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

Note: The information above can help you identify payments from these accounts.

Scenario 4: Surcharge

If a surcharge is applied to a claim, it will be identified by either:

- Inflated charges on an existing service line to accommodate the surcharge OR
- An added service line with procedure code S9999 and a charged amount of $1. The 2100 claim payment information field CLP03 total charge amount will reflect the original total charged amount plus $1.00.

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10.2 Transmission example

ISA*00* *00*
*ZZ*623080000000000*ZZ*SUBMITTERIDENTI*260808*2200*^*00501*000055568*1*P*:~
GS*HP*623080000000000*SUBMITTERIDENTI*20260808*2200*55568*X*005010X221A1~
ST*835*017226893~
BPR*H*0*C*NON**********20260808~
TRN*1*260808190408913*1591031071~
REF*EV*999999999~
REF*F2*PM~
DTM*405*20260808~
N1*PR*Cigna Health and Life Insurance Company~
N3*P. O. BOX 182223~
N4*CHATTANOOGA*TN*374227223~
PER*BL*EDI HELP DESK*TE*8008103388~
N1*PE*MED GRP FAM*XX*1234567891~
N3*PO BOX 99999~
N4*CHICAGO*IL*606774325~
REF*TJ*123467890~
LX*1~
TS3*1356952642*11*20261231*1*405~
CLP*P1584455940*1*405*0*183.66*13*9222621296128*11*1~
NM1*QC*1*SMITH*BOB*M***MI*1234567890~
NM1*82*1*JONES*TED*L**NPRN*XX*9876543210~
REF*1L*1234567~
REF*CE*OPEN ACCESS PLUS~
REF*EA*508041644~
DTM*050*20260731~
DTM*232*20260729~
DTM*233*20260729~
PER*CX*MEMBER SERVICES*TE*8005555555~
AMT*AU*183.66~
SVC*HC:99214*405*0****1~
CAS*CO*45*221.34~
CAS*PR*1*183.66~
AMT*B6*183.66~
SVC*HC:1036F*0*0****1~
SVC*HC:1126F*0*0****1~
SVC*HC:3725F*0*0****1~
SE*35*017226893~
GE*1*55568~
IEA*1*000055568~

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10.3 Roles and responsibilities

Trading partner:

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

Cigna Healthcare:

- Contact your trading partner regarding any connectivity set-up/testing (by Cigna Healthcare Trading Partner Management team).
- Communicate to trading partner the actual production date.
- Install changes based upon the pre-established Cigna Healthcare production release procedures.

Cigna Healthcare business area/application technical support:

- Complete data testing, as needed

10.4 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	Section 6.3 ST – SE (835): Removed ST03 row from the table.	

07/28/2011	1.2	Post-delivery updates based on feedback:
		• Section 3.1 X12 transaction authorization tests:
		  ○ Removed CTX05, CTX06 and IK403 entries from table.
		  ○ Made corrections to AK905 entries in.
		• Section 3.2 X12 transaction envelope test validation: Removed HL, ST, and GS segment entries from table.
		• Section 4.2 Process flows: Made corrections to customer service information.
		• Section 4.2.1 Trading partner testing: Made correction made to diagram text.
		• Section 4.3 Transmission administrative procedures: Added information regarding 277CA.
		• Section 4.5 Security and authentication requirements: Replaced
		• Section 4.6 made changes to password information in sections 4.6.
		• Section 6.3 ST – SE (835): Made corrections to transaction set control number assignment in table.
		• Section 11 Appendices:
		  ○ Made corrections to customer service information.
		  ○ Changed password information.	

08/18/2011	1.1	Post-delivery updates made based on feedback: • Section 6.1 ISA – IEA (835): Added text regarding the use of delimiters.	

Date	Version	Description	Author
10/04/2011	1.4	Post-delivery updates made based on feedback: • 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: • Section 4.3 Transmission administrative procedures: Added text regarding file naming conventions for files.	
02/14/2012	1.6	Post-delivery updates made based on feedback: • Section 7 Payer-specific business rules and limitations: Text added regarding the Relaxation of HIPAA compliance guidelines. • Changed Cigna email address for contact and reporting of issues.	
02/24/2012	1.7	Post-delivery updates made based on feedback: • Changed EDI Technical Assistance telephone number.	
02/29/2012	1.8	Post-delivery updates made based on feedback: • Section 7 Payer-specific business rules and limitations: Made correction to regarding the Relaxation of HIPAA compliance guidelines.	
03/20/2012	1.9	Post-delivery updates made based on feedback: • Section 7 Payer-specific business rules and limitations: Text added regarding ZIP code format.	
06/01/2013	1.10	Updates.	
10/01/2013	1.11	Post-delivery updates made based on feedback: • Sections 4.2 Process flows and 11.4 Trading partner set up request form: Added additional transfer methods. • Section 4.3.1 Retransmission procedure: Ability to retransmit a single remittance or entire 835 file added. • Section 7 Payer-specific business rules and limitations: Additional business rules added. • Section 10 Transaction-specific information (loops): New loop information will be sent.	
10/20/2016	1.12	Section 6.2 GS – GE (835): Added two codes in the GS segment for Medicaid reclamation remittances.	Karen Roberg
11/03/2025	1.13	Section 11.2 Business scenarios: Updated surcharge processing.	Melissa Neeley
02/04/2026	1.14	Updated section 4.2 Process flows: • Support REST service using JSON connectivity. • Support OAuth 2.0 client authorization for SOAP + WSDL and REST connectivity.	Melissa Neeley
08/01/2026	1.15	• Removed "Testing with the payer" section (formerly section 3) Updated: • Section 3.2 Process flows (formerly section 4.2) • Section 3.1.2. Trading partner testing (formerly section 4.1.2) • Section 3.3 Retransmission procedure (formerly section 4.3 Transmission administrative procedures) • Section 9.2 Transmission example (formerly section 10.2) – added a transmission example Editorial updates made.	Tori Bakalas