# Companion guide

ASC X12N 276/277 (005010X212)

Health Care Claim Status
Request and Response

Version 5.1
August 2026

cigna healthcare

# Preface

The Cigna Healthcare® Companion Guide supplements the Health Insurance Portability and Accountability Act (HIPAA) ASC X12N 276/277 (005010X212) Implementation Guide for Health Care Claim Status Request and Response.

# Disclosure statement

The information provided here is for reference use only, and does not constitute the rendering of legal, financial, or any other professional advice or recommendations by Cigna Healthcare. Cigna Healthcare makes no representation or warranties of any kind in connection with the information provided herein, and hereby disclaims any other expressed or implied warranties, including implied warranties of merchantability or fitness for a particular use or purpose.

# 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 Healthcare ..... 5
   - 2.2 Trading partner registration ..... 5
   - 2.3 Certification and testing overview ..... 5
3. Testing with the payer ..... 6
   - 3.1 X12 transaction authorization tests ..... 6
   - 3.2 X12 transaction envelope test validation ..... 7
4. Connectivity with the payer/communications ..... 8
   - 4.1 System availability ..... 8
   - 4.2 Process flows ..... 9
   - 4.3 Transmission administrative procedures ..... 10
     - 4.3.1 Retransmission procedure ..... 10
   - 4.4 Communication protocol specifications ..... 10
     - 4.4.1 Connection type ..... 11
     - 4.4.2 Transmission files ..... 11
   - 4.5 Passwords ..... 11
   - 4.6 Security and authentication requirements ..... 11
5. Contact information ..... 11
   - 5.1 EDI customer service ..... 11
   - 5.2 EDI technical assistance ..... 11
   - 5.3 Provider service phone number ..... 11
   - 5.4 Applicable websites/email ..... 11
6. Control segments/envelopes ..... 12
   - 6.1 ISA – IEA (276) ..... 12
   - 6.2 GS – GE (276) ..... 14
   - 6.3 ISA – IEA (277) ..... 15
   - 6.4 GS – GE (277) ..... 17
   - 6.5 ST – SE (277) ..... 18
7. Payer-specific business rules and limitations ..... 18
   - 7.1 276 request ..... 18
   - 7.2 277 response ..... 19
8. Acknowledgements and/or reports ..... 20
9. Trading partner agreements ..... 20
10. Transaction-specific information (loops) ..... 20
    - 10.1 276 – Health Care Claim Status Request inquiry ..... 21
    - 10.2 277 – Health Care Claim Status Response ..... 22
11. Appendices ..... 25

11.1 Business scenarios ..... 25
11.2 Transmission examples ..... 25
11.3 Frequently asked questions ..... 27
11.4 Change summary ..... 27

# 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 276/277 Health Care Claim Status Request and Response transaction set in the electronic data interchange (EDI) environment. The 276 transaction is used to request the status of one or multiple claims. The 277 transaction is used to respond with this information for the specified customer.

## 1.2 Overview

This companion guide has been written to assist you in designing and implementing 276/277 transactions to meet Cigna Healthcare processing standards. The Cigna Healthcare 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 Healthcare will provide to you. The recommendations made are to enable you to more effectively submit 276 requests and receive 277 responses.

## 1.3 References

This document is a companion to the ASC X12N Implementation Guide (005010X212) 276/277 Health Care Claim Status Request and Response.

# 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. Health care providers can exchange EDI transactions by directly connecting to Cigna Healthcare systems using software through a clearinghouse.

Health care providers should contact their clearinghouse vendor to discuss the clearinghouse's ability to support the 276/277 005010X212 Health Care Claim Status Request and Response transaction set, as well as the associated time frame, costs, etc. Health care providers that do not already have a clearinghouse vendor can contact one of the Cigna Healthcare-connected clearinghouses. For a list of available clearinghouses, visit Cigna.com > For Providers > Coverage and Claims: Electronic Claim Payments > Electronic Data Interchange Vendor.

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 submit health care claim status request transactions to Cigna Healthcare via the ASC X12 276 (Version 005010X212) request and receive corresponding 277 responses must contact one of the Cigna Healthcare-connected clearinghouses to establish a connection and determine testing requirements.

## 2.3 Certification and testing overview

Cigna Healthcare is certified for the 276/277 transaction set by the Council for Affordable and Quality Healthcare® (CAQH®) Committee on Operating Rules for Information Exchange (CORE). In order to ensure that appropriate data is in the correct environment, physicians and health care providers should have their current EDI vendor contact Cigna Healthcare to discuss testing.

# 3. Testing with the payer

**EDI controls**

Cigna Healthcare 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 Healthcare-recognized trading partner (authentication) 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 a complete and formatted properly. Failures of envelope tests can generate TA1 or 999 responses back to the trading partner.

## 3.1 X12 transaction authorization tests

The following table defines the 'authorization tests' to be processed on receipt of each X12 276 Health Care Claim Status request.

The authorization tests are run in the order shown. Upon detection of an error, the appropriate TA1 or 999 response is sent. Multiple errors are not processed in the TA1 response since this can lead to faulty error reporting. In the 999 error response, multiple errors may be sent with the exception of GS01 and GS08 errors. If both GS01 and GS08 errors are present, only the GS01 error will be sent since only one AK905 segment is allowed.

| HIPAA element | Authorization tests | TA1 response | | 999 response | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | TA105 | | IK401 | IK402 | IK403 | AK901 | AK902 | AK903 | AK904 | AK905 |
| N/A | Clearinghouse source cannot be identified. | 013 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| ISA05/ ISA06 | Unknown clearinghouse (unknown ISA05/ISA06 combination). | 006 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| ISA07/ ISA08 | Unknown payer (unknown ISA07/ISA08 combination). | 008 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| GS01 | Unsupported transaction set in group. | N/A | | N/A | N/A | N/A | R | 1 | 1 | 0 | 1 |
| GS02 | Unknown originator ID value. | N/A | | 2 | 142 | 7 | R | 1 | 1 | 0 | N/A |
| | Missing originator ID value. | N/A | | 2 | 142 | 1 | R | 1 | 1 | 0 | N/A |
| GS03 | Unknown recipient LOB value. | N/A | | 3 | 124 | 7 | R | 1 | 1 | 0 | N/A |
| | Missing recipient LOB value. | N/A | | 3 | 124 | 1 | R | 1 | 1 | 0 | N/A |
| GS08 | Unsupported version of implementation guide. | N/A | | N/A | N/A | N/A | R | 1 | 1 | 0 | 2 |

 © 2026 Cigna Healthcare. 

## 3.2 X12 transaction envelope test validation

The following table defines the 'envelope tests' to be processed on receipt of each 276 Health Care Claim Status Request. The envelope tests are run in the order shown. Upon detection of an error, the appropriate TA1 or 999 response is sent. Multiple errors are not processed since this can lead to faulty error reporting.

| HIPAA element | Envelope tests | TA1 response | | 999 response | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | TA105 | | IK501 | IK502 | AK901 | AK902 | AK903 | AK904 | AK905 |
| IES segment | Control number in IES02 does not match control number in ISA13. | 001 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| IES segment | Functional group count in IES01 does not match actual functional groups counted. | 021 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| GE segment | Group control number in GE02 does not match group control number in GS06. | N/A | | N/A | N/A | R | 1 | 1 | 0 | 4 |
| GS segments | IES02 value not = 1 indicating that multiple or no GS segments received. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| TS segments | Transaction sets included count in GE01 does not match actual transaction sets counted. | N/A | | N/A | N/A | R | 1 | 1 | 0 | 5 |
| TS segments | Transaction set control number in ST02 does not match transaction set control number in SE02. | N/A | | R | 3 | N/A | N/A | N/A | N/A | N/A |
| TS segments | GE01 value not = 1 indicating that multiple or no TS segments received. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

 © 2026 Cigna Healthcare. 

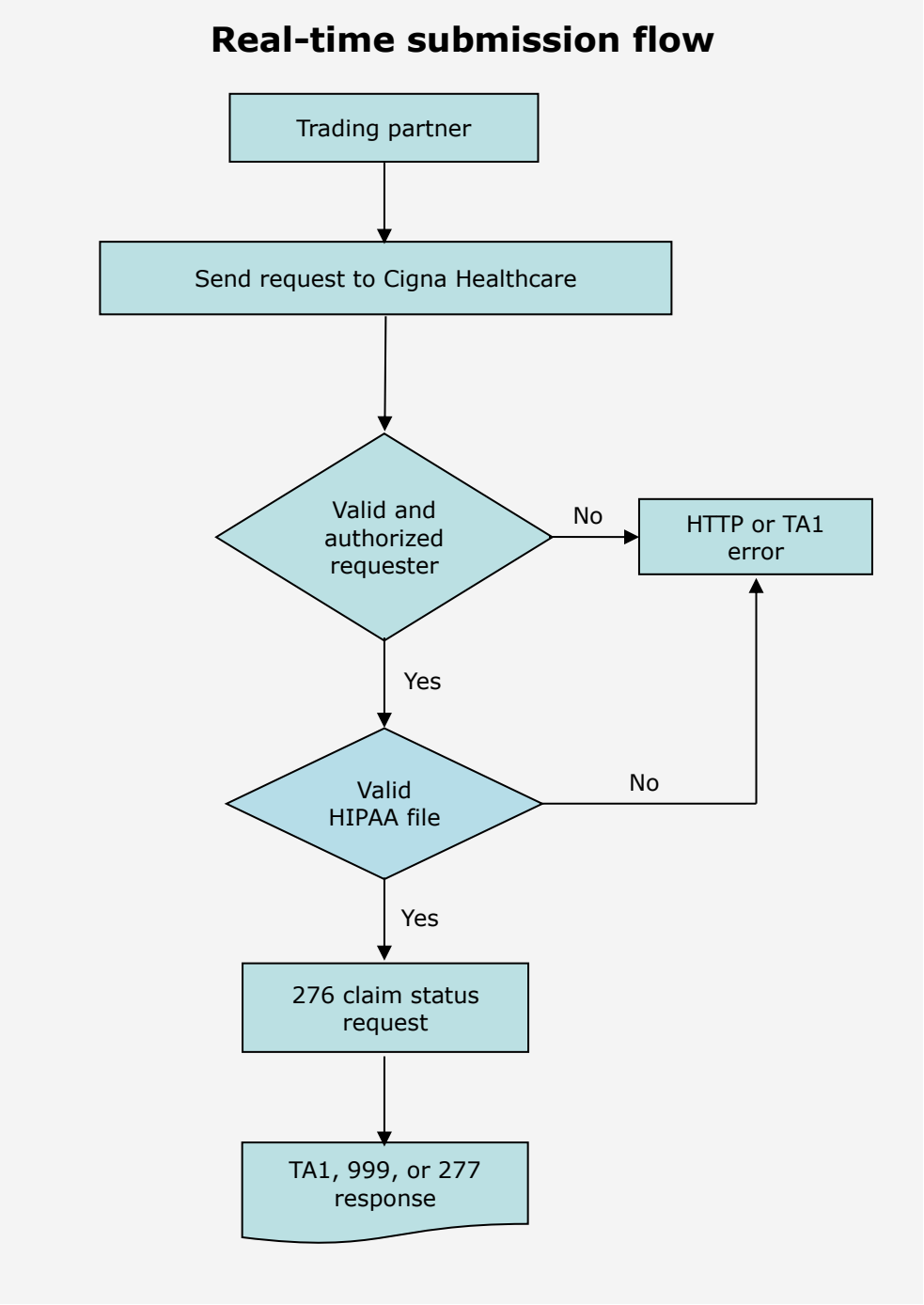
| HIPAA element | Envelope tests | TA1 response | | 999 response | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | TA105 | | IK501 | IK502 | AK901 | AK902 | AK903 | AK904 | AK905 |
| HL segment (HL03=20) information source loop | Number of information source loops not = 1. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| HL segment (HL03=21) information receiver loop | Number of information receiver loops not = 1. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| HL segment (HL03=22) subscriber loop | Number of subscriber loops not = 1. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| HL segment (HL03=23) dependent loop | Number of dependent loops > 1. | 024 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| SE segment | Number of included segments count in SE01 does not match actual segment count. | N/A | | R | 4 | N/A | N/A | N/A | N/A | N/A |

# 4. Connectivity with the payer/communications

## 4.1 System availability

The 276/277 transaction set is generally available 24 hours a day, 7 days a week. However, to allow for maintenance, 276/277 transactions may be unavailable on some weekends.

## 4.2 Process flows




 © 2026 Cigna Healthcare. 

## 4.3 Transmission administrative procedures

Real-time 276 requests contain only one inquiry per customer per transaction.

### 4.3.1 Retransmission procedure

A duplicate transaction may be sent by the user's system if the reply message is not received within the 20-second response period.

## 4.4 Communication protocol specifications

In conformance with the CORE Connectivity 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 (**CAQH CORE Connectivity Rules**).

**Example of a SOAP request**

| 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" |

**Example of REST API with JSON request**

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

 © 2026 Cigna Healthcare. 

### 4.4.1 Connection type

**Connection protocol:**

- Service IP will only accept HTTPS: connections.
- HTTPS connectivity is achieved by using Secure Sockets Layer (SSL) encryption.

**Connection type:**

- Cigna Healthcare public certificates: These certificates are not used for encryption; rather they are used for authentication.

### 4.4.2 Transmission files

All senders of electronic transmissions will be assigned a directory structure into or from which transactions can be submitted or retrieved. Trading partners are responsible for the timely retrieval and verification of file transmission responses. This includes retrieval of the TA1 or 999 responses.

## 4.5 Passwords

When using SOAP + WSDL, a password must be obtained from Cigna Healthcare.

## 4.6 Security and authentication requirements

Trading partners connecting with SOAP + WSDL must obtain a username and password from Cigna Healthcare.

Trading partners connecting with REST API + JSON must use OAuth 2.0 Client Authorization over TLS 1.2 or higher as the authorization method. This will require the need to request a token and OKTA access. This method is also offered for trading partners using SOAP + WSDL connectivity.

# 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 Healthcare claim status request transactions, contact your Cigna Healthcare Trading Partner Relationship Manager.

## 5.2 EDI technical assistance

If you have technical questions related to Cigna Healthcare claim status request transactions, call the Customer Support Center at **800.810.3388**.

## 5.3 Provider service phone number

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

## 5.4 Applicable websites/email

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

# 6. Control segments/envelopes

## 6.1 ISA – IEA (276)

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.

| 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.<br>**Note:** Value should always be 'spaces'. |
| | ISA05 | Interchange ID qualifier of sender | <Sender ID qualifier><br>Can be:<br>'01'<br>'14'<br>'20'<br>'27'<br>'28'<br>'29'<br>'30'<br>'33'<br>'ZZ' | Interchange ID qualifier of sender:<br>01 Duns (Dun & Bradstreet).<br>14 Duns plus suffix.<br>20 Health Industry Number (HIN®); CODE SOURCE 121: HIN.<br>27 Carrier identification number assigned by Centers for Medicare & Medicaid Services (CMS).<br>28 Fiscal intermediary identification number assigned by CMS.<br>29 Medicare provider and supplier identification number assigned by CMS.<br>30 U.S. federal Taxpayer Identification Number (TIN).<br>33 National Association of Insurance Commissioners (NAIC) company code.<br>ZZ Mutually defined. |
| | ISA06 | Interchange sender ID | ID will be provided at time of set up with Cigna Healthcare. | Interchange sender ID for clearinghouse. |

 © 2026 Cigna Healthcare. 

| Segment ID | Element ID | Name | Code | Definition of code / notes |
|---|---|---|---|---|
| | ISA07 | Interchange ID qualifier of receiver | <Sender ID qualifier><br>Can be:<br>'01'<br>'14'<br>'20'<br>'27'<br>'28'<br>'29'<br>'30'<br>'33'<br>'ZZ' | Interchange ID qualifier of sender:<br>01 Duns (Dun & Bradstreet).<br>14 Duns plus suffix.<br>20 HIN; CODE SOURCE 121: HIN.<br>27 Carrier identification number assigned by CMS.<br>28 Fiscal intermediary identification number assigned by CMS.<br>29 Medicare provider and supplier identification number assigned by CMS.<br>30 U.S. federal TIN.<br>33 NAIC company code.<br>ZZ Mutually defined. |
| | ISA08 | Interchange receiver ID | ID will be provided at time of set up with Cigna Healthcare | Interchange receiver ID for Cigna Healthcare. |
| | ISA09 | Interchange date | Format: YYMMDD | Date of the interchange.<br>See note for ISA15. |
| | ISA10 | Interchange time | Format: HHMM | Time of the interchange.<br>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 | '0' | 0: No acknowledgement requested.<br>1: Acknowledgement requested. |
| | ISA15 | Usage indicator; code to indicate whether data enclosed by this interchange envelope is test or production information | 'T'<br>'P' | 'T': Test data<br>'P': Production data<br>Production data should not be used in test, and test data should not be used in production. |

| Segment ID | Element ID | Name | Code | Definition of code / notes |
|---|---|---|---|---|
| | ISA16 | Component element separator | : | Component element separator is a delimiter and not a data element. The recommended value is the implementation guide value of ':', but any character can be used as a delimiter.<br>This character cannot be used by any of the data elements. Whatever value is sent in is used and returned on the response. |
| IEA | | Interchange control trailer segment | | |
| | IEA01 | Number of included functional groups | '1' | Cigna Healthcare functional group count. |
| | IEA02 | Interchange control number | <Interchange control number> | Cigna Healthcare interchange control number. |

## 6.2 GS – GE (276)

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 | HR | Health care claim status request. |
| | GS02 | Application sender's code | <Sender code> | Code identifying party sending transmission; codes agreed to by trading partner at time of setup with Cigna Healthcare. |
| | GS03 | Application receiver's code | 'CHC Medical'<br>or<br>' CHC Dental'<br>or<br>'CHC Behavioral' | Code identifying party receiving transmission. |
| | GS04 | Date | Format: CCYYMMDD | Date of functional group creation. |
| | GS05 | Time | Format: HHMM | Creation time; Cigna Healthcare uses the value submitted in segment GS05 on the 276 request. |
| | GS06 | Group control number | <Group control number> | Assigned number originated by sender; control number must be equal to the same data element in the group trailer, GE02. |

| Segment ID | Element ID | Name | Code | Definition of code / notes |
|---|---|---|---|---|
| | GS07 | Responsible agency code | 'X' | ASC X12; value should always be 'X'. |
| | GS08 | Version / release / industry identifier code | '005010X212' | Health care claim status request and response. |
| 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 the same data element in the functional group header, GS06. |

## 6.3 ISA – IEA (277)

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.

| 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 present. |
| | ISA03 | Security information qualifier | '00' | No security information present. |
| | ISA04 | Security information | 10 'spaces' | No security information present.<br>**Note:** Value should always be 'spaces.' |
| | ISA05 | Interchange ID qualifier of sender | '30' | U.S. federal TIN. |
| | ISA06 | Interchange sender ID | ID will be provided at time of set up with gateway | Interchange sender ID for Cigna Healthcare. |
| | ISA07 | Interchange ID qualifier of receiver | 'ZZ' | Mutually defined. |
| | ISA08 | Interchange receiver ID | ID will be provided at time of set up with gateway | Interchange receiver ID for clearinghouse. |

 © 2026 Cigna Healthcare. 

| Segment ID | Element ID | Name | Code | Definition of code / notes |
|---|---|---|---|---|
| | 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, Transportation Data Coordinating Committee (TDCC), and Uniform Communication Standard (UCS). |
| | ISA12 | Interchange control version number | '00501' | Standards approved for publication by ASC X12 Procedures Review Board through October 2003. |
| | ISA13 | Interchange control number | '000000001' | Cigna Healthcare functional group count default. |
| | ISA14 | Acknowledgment requested | '0' | 0: No acknowledgement requested. |
| | ISA15 | Usage indicator; code to indicate whether data enclosed by this interchange envelope is test or production information | 'T'<br>'P' | 'T': Test data<br>'P': Production data |
| | 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. |

 © 2026 Cigna Healthcare. 

## 6.4 GS – GE (277)

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 | 'HN' | HN - Health care claim status response (277). |
| | GS02 | Application sender's code | 'CHC Medical'<br>'CHC Dental'<br>'CHC Behavioral' | Code identifying party sending transmission. |
| | GS03 | Application receiver's code | <Receiver code> | Application receiver code for clearinghouse; should be 276 GS02 value. |
| | 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 to the same data element in group trailer, GE02. |
| | GS07 | Responsible agency code | 'X' | ASC X12; value should always be 'X'. |
| | GS08 | Version / release / industry identifier code | '005010X212' | Health Care Claim Status and Response Implementation Guide originally published in August 2006 as '005010X212', and includes errata published in January 2009 as '005010X212E2'. |
| GE | | Functional group trailer | | |
| | GE01 | Number of transaction sets included | '1' | Transaction count; value should always be '1'. |
| | GE02 | Group control number | <Group control number> | Group control number must be identical to the same data element in the functional group header, GS06. |

 © 2026 Cigna Healthcare. 

## 6.5 ST – SE (277)

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 that 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 | '277' | Health care claim status request. |
| | ST02 | Transaction set control number | <Transaction set control number> | Transaction set control number assigned by Cigna Healthcare. The transaction set control numbers in segments ST02 and SE02 must be identical. |
| | ST03 | Implementation convention reference | '005010X212' | Always matches segment GS08. |
| 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 Cigna Healthcare. |

# 7. Payer-specific business rules and limitations

Cigna Healthcare will return applicable industry standard claim status codes on the claim status response at the claim and service line levels.

## 7.1 276 request

**Patient match**

Cigna Healthcare will first attempt to identify the patient within the specified line of business for whom the claim status is requested if the patient's identification number (2100D/NM108 = MI) and the patient's first name, last name, and date of birth are supplied. If any of these elements are missing, patient identification will be attempted in the following order, depending on the data supplied:

- Patient ID number, patient first name, patient date of birth
- Patient ID number, patient date of birth
- Patient ID number, patient first name.

If a patient has more than one policy with Cigna Healthcare, then a claim status cannot be returned electronically. Patients with more than one policy will get a 277 response with a claim status category code (507) of 'E1' – Response not possible and a claim status code (508) of '0' – Cannot provide further status electronically.

1. Cigna Healthcare usage of loops/segments/elements on the 276 transaction:

   1.1 Cigna Healthcare requires that the data element NM103 in segment NM1 (payer name) in loop 2100A contains the value 'CIGNA HealthCare'.

   1.2 Cigna Healthcare requires that the data element NM108 in segment NM1 (payer name) in loop 2100A contains the value 'PI'.

   1.3 Cigna Healthcare requires that the data element NM109 in segment NM1 (payer name) in loop 2100A contains the value '06-1059331'.

   1.4 Cigna Healthcare requires that the data element NM108 in segment NM1 (information receiver name) in loop 2100B contains the value '46'.

   1.5 Cigna Healthcare requires the provider's National Provider Identifier (NPI) to be submitted in data element NM109 in segment NM1 (provider name) in loop 2100C. The NM108 qualifier value should be 'XX'. The only exception is in the instance where the provider is atypical.

   1.6 Cigna Healthcare requires that the data element NM102 in segment NM1 (subscriber name) in loop 2100D/2100E contains the value 1 (person).

   1.7 Cigna Healthcare requires that the data element NM108 in segment NM1 (subscriber name) in loop 2100D/2100E contains the value 'MI' (member identification number).

   1.8 If a patient has a unique patient identifier, it must be used as the primary identification code in data element NM109 in segment NM1 (subscriber name) in loop 2100D/2100E in place of the patient's Social Security number (SSN). This unique identifier must be used on all inquiries, communications, and claims submissions.

   1.9 Cigna Healthcare strongly encourages the dependent first name (NM104) be submitted using segment NM1 (dependent name) in loop 2100E.

   1.10 Cigna Healthcare utilizes only one occurrence of loop 2200D/2200E.

   1.11 Cigna Healthcare utilizes the information submitted from a single occurrence of the REF (payer claim identification number) segment in loop 2200D/2200E.

   1.12 Cigna Healthcare requests that all inquiries specify the line of business that is the subject of the inquiry. The line of business is specified on segment GS030 and its value is one of the following: 'CHC Medical', 'CHC Dental', or 'CHC Behavioral'

   If the line of business is not specified by the requester, Cigna Healthcare has requested that the clearinghouse add the line of business based on the data supplied in the 2200D/E application or system identifier segment. If the application or system identifier is not present, Cigna Healthcare has requested that the clearinghouse send the inquiry as 'CHC Medical'.

## 7.2 277 response

2. Cigna Healthcare usage of loops/segments/elements on the 277 transaction:

   2.1 Cigna Healthcare utilizes 'PI' as identification code qualifier (NM108) in segment NM1 (payer name) in loop 2100A.

   2.2 Cigna Healthcare utilizes '46' as identification code qualifier (NM108) in segment NM1 (information receiver name) in loop 2100B.

   2.3 Cigna Healthcare utilizes '1' as entity type qualifier (NM102) in segment NM1 (subscriber name) in loop 2100D/2100E.

   2.4 Cigna Healthcare utilizes 'MI' as identification code qualifier (NM108) in segment NM1 (subscriber name) in loop 2100D/2100E.

   2.5 Cigna Healthcare utilizes one of the following product/service ID qualifiers in SVC01-01 in the SVC (service line information) segment in loop 2220D/2220E.
   - AD – American Dental Association (ADA) codes
   - HC – Healthcare Common Procedure Coding System (HCPCS) codes

- NU – National Uniform Billing Committee (NUBC) UB-92 codes

2.6 Cigna Healthcare will return the processing date as the service date in loops 2200D/E and 2210D/E when:

- A predetermination was submitted without a date of service.
- An encounter was submitted without a date of service.

2.7 When a patient is a dependent and has a specific unique patient identifier, it will be returned as the primary identification code in segment NM1 (subscriber name) in loop 2100D on all responses, even if the 276 transaction submitted patient information in loop 2100E. Once this unique patient identifier is provided to the information receiver, this identifier should be used for all future inquiries, communications, and claim submissions.

2.8 If the patient is enrolled in a Cigna Healthcare strategic alliance partner, the following information will be communicated back to the inquiring provider via the 277 response:

2.8.1 Data elements in the claim-level status information (STC) segment in loop 2200D or 2200E will have the following values: STC01-1 = 'A4', STC01-2 = '487', STC02 = today's date, STC04 = zero, and STC05 = zero.

2.8.2 Additionally, depending on the Cigna Healthcare role in the strategic alliance, the following information will also be sent back:

If Cigna Healthcare has a Shared Administrative Repricing (SAR) role or if Cigna Healthcare has a supporting party role, the alliance partner's contact information will be sent via the PER segment in loop 2100A. The PER02 data element will contain the alliance partner's name, the PER03 data element will contain 'TE', and the PER04 data element will contain the alliance partner's telephone number.

2.8.3 If a received claim has been pended and was sent to an alliance partner for repricing, claim status information will be communicated back to the inquiring provider via the 277 response. Data elements in the claim level status information (STC) segment in loop 2200D or 2200E will have the following values: STC01-1 = 'P3', STC01-2 = '64', STC02 = Today's date, STC04 = total claim charge amount, and STC05 = zero.

2.9 When Cigna Healthcare cannot return a response with a claim status for a 276 request, the 277 response may contain values in various segments corresponding with what was received on the request.

# 8. Acknowledgements and/or reports

Cigna Healthcare will generate the TA1/999 acknowledgement for a 276 X12 real-time request to indicate HIPAA/translation errors. Otherwise, the associated 277 response is returned.

# 9. Trading partner agreements

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

# 10. Transaction-specific information (loops)

A transaction loop is a group of related segments. Cigna Healthcare-specific values are required for some elements that comprise the segments for the 276/277 transaction loops. The following section identifies these loops, their segments, and their required element values:

- Loop 2100A (276) – Payer name
- Loop 2100B (276) – Receiver name

 © 2026 Cigna Healthcare. 

- Loop 2100C (276) – Provider name
- Loop 2100D (276) – Subscriber name
- Loop 2100E (276) – Dependent name
- Loop 2200E (277) – Claim status tracking number

## 10.1 276 – Health Care Claim Status Request inquiry

| Pg# | Loop ID | Reference | Name | Code | Notes/comments |
|---|---|---|---|---|---|
| **41** | **2100A** | **NM1** | **NM1 – Payer name** | | **Information source.** |
| 41 | 2100A | NM103 | Name last or organization name | 'Cigna HealthCare' | Value should always be 'Cigna HealthCare'. |
| 42 | 2100A | NM108 | Identification code qualifier | 'PI' | Value should always be 'PI'. |
| 42 | 2100A | NM109 | Identification code | '06-1059331' | Value should always be '06-1059331'. |
| **45** | **2100B** | **NM1** | **NM1 – Receiver name** | | **Information receiver.** |
| 46 | 2100B | NM108 | Identification code qualifier | '46' | Value should always be '46'. |
| **49** | **2100C** | **NM1** | **NM1 – Provider name** | | **Provider of service.** |
| 51 | 2100C | NM108 | Identification code qualifier | 'XX' | Cigna Healthcare requires that the NPI value be 'XX'. The only exception is when a provider is atypical; then 'FI' is required. |
| **56** | **2100D** | **NM1** | **NM1 – Subscriber name** | | **Provider of service.** |
| 56 | 2100D | NM102 | Identification code qualifier | '1' | 1: Person.<br>Value should always be '1'. |
| 57 | 2100D | NM108 | Identification code qualifier | 'MI' | MI: Member identification number.<br>Value should always be 'MI'. |
| 57 | 2100D | NM109 | Identification code | | Identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN.<br>If a unique patient identifier exists, it will be used as the primary identification code on all 276 requests in place of the patient's SSN.<br>Once this unique patient identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications, and claim submissions. |
| **79** | **2100E** | **NM1** | **Dependent name** | | |

| Pg# | Loop ID | Reference | Name | Code | Notes/comments |
|---|---|---|---|---|---|
| 80 | 2100E | NM109 | Identification code | | Identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN.<br>If a unique patient identifier exists, it will be used as the primary identification code on all 276 requests in place of the patient's SSN.<br>Once this unique patient identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications, and claim submissions. |
| **81** | **2200E** | **REF** | **REF – Claim status tracking number** | | |
| 84 | 2200E | REF02 | Application or location system identifier | 'CHC Medical'<br>'CHC Dental'<br>'CHC Behavioral' | Cigna Healthcare requests that all inquiries specify the line of business that is the subject of the inquiry.<br>The line of business is specified in loop 2200D/2200E on the REF*LU segment. The REF01 value is 'LU'. The REF02 value is one of the following: 'CHC Medical', 'CHC Dental', or 'CHC Behavioral'.<br>If the line of business is not specified by the requester, Cigna Healthcare has requested that the clearinghouse send the inquiry as 'CHC Medical'. |

## 10.2 277 – Health Care Claim Status Response

| Pg# | Loop ID | Reference | Name | Code | Notes/comments |
|---|---|---|---|---|---|
| **111** | **2100A** | **NM1** | **NM1 – Payer name** | | **Information source.** |
| 111 | 2100A | NM103 | Name last or organization name | 'Cigna HealthCare' | Cigna Healthcare returns 'Cigna HealthCare'. |
| 112 | 2100A | NM108 | Identification code qualifier | 'PI' | Cigna Healthcare returns 'PI'. |
| 112 | 2100A | NM109 | Identification code | '06-1059331' | Cigna Healthcare returns '06-1059331'. |
| **113** | **2100A** | **PER** | **Payer contact information** | | |
| 113 | 2100A | PER02<br>PER04 | Payer contact information | | 'Customer support' or blank. |
| 114 | 2100A | PER03 | Communication number qualifier | 'TE' | Cigna Healthcare returns 'TE' (telephone). |
| **135** | **2100D** | **NM1** | **NM1 – Subscriber name** | | **Provider of service.** |

 © 2026 Cigna Healthcare. 

| Pg# | Loop ID | Reference | Name | Code | Notes/comments |
|---|---|---|---|---|---|
| 135 | 2100D | NM102 | Identification code qualifier | '1' | Cigna Healthcare returns '1' (person). |
| 136 | 2100D | NM108 | Identification code qualifier | 'MI' | MI: Member identification number. |
| 136 | 2100D | NM109 | Identification code | | Identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN.<br>If a unique patient identifier exists, it will be used as the primary identification code on all 277 requests in place of the patient's SSN.<br>Once this unique patient identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications, and claim submissions. |
| **149** | **2200D** | **REF** | **Payer claim control number** | | |
| 149 | 2200D | REF01<br>REF02 | Payer claim identification number | | When the payer claim identification number is received on a 276 request and the claim(s) cannot be found, REF01 will have a value of '1K' and REF02 will be returned with the value submitted on the 276 request or the default value of '0000000000'. |
| **155** | **2200D** | **DTP** | **Claim service date** | | |
| 156 | 2200D | DTP03 | Claim service date | | When a claim service date is received on a 276 request and the claim(s) cannot be found, the date(s) received on the request will be returned. |
| **157** | **2210D** | **SVC** | **SVC – Service line information** | | |
| 157 | 2210D | SCV01 | Service line information | | Cigna Healthcare supports the following:<br>• AD – ADA codes<br>• HC – HCPCS codes<br>• NU – NUBC UB-92 codes |
| **175** | **2100E** | **NM1** | **Dependent name** | | |
| 175 | 2100E | NM102 | Identification code qualifier | '1' | Cigna Healthcare returns '1' (person). |
| 176 | 2100E | NM108 | Identification code qualifier | 'MI' | Member identification number. |

| Pg# | Loop ID | Reference | Name | Code | Notes/comments |
|---|---|---|---|---|---|
| 176 | 2100E | NM109 | Identification code | | Identifies a Cigna Healthcare-specific unique patient identifier rather than the SSN.<br>If a unique patient identifier exists, it will be used as the primary identification code on all 277 responses in place of the patient's SSN.<br>Once this unique patient identifier is provided to the information receiver, this identifier must be used for all future inquiries, communications, and claim submissions.<br>**Note:** Per 5010 rules, dependents with a unique medical information number will be returned in the 2100 subscriber loops. |
| **178** | **2200E** | **STC** | **Claim-level status information** | | |
| 186 | 2200E | STC09 | Check number | | Some responses may include multiple checks. This loop will repeat with the additional check number(s). |
| **189** | **2200E** | **REF** | **Payer claim control number** | | |
| 189 | 2200E | REF01<br>REF02 | Payer claim identification number | | When the payer claim identification number is received on a 276 request and the claim(s) cannot be found, REF01 will have a value of '1K' and REF02 will be returned with the value submitted on the 276 request or the default value of '0000000000'. |
| **195** | **2200E** | **DTP** | **Claim service date** | | |
| 196 | 2200E | DTP03 | Claim service date | | When a claim service date is received on a 276 request and the claim(s) cannot be found, the date(s) received on the request will be returned. |
| **197** | **2220E** | **SVC** | **Service line information** | | |
| 197 | 2210E | SCV01 | Service line information | | Cigna Healthcare supports the following:<br>• AD - ADA codes<br>• HC - HCPCS codes<br>• NU - NUBC UB-92 codes |

# 11. Appendices

## 11.1 Business scenarios

- Scenario A: A paid claim – When a claim has completed adjudication and a payment has been made, the claim status will indicate the paid amount, the date of the payment, and the check or electronic funds transfer (EFT) trace number. Each service line will indicate the status of the service line and the payment amount for that service line. See transmission example scenario A in in the next section for an example of a 277 response for a paid claim.
- Scenario B: A pended claim – When one line or many lines within a claim are pended for internal review or additional information from another party, the claim status will be pended. Each service line will indicate if that specific service line is pended and the reason it is pended. See transmission example scenario B in the next section for an example of a 277 response for a pended claim.

## 11.2 Transmission examples

**Please note:** The following fields have been X'd out and will need to be populated with your values: ISA-05, ISA-06, and GS-02.

**Scenario A: Paid claim**

**277 HTTP response: New flow**

```
ISA*00*          *00*          *30*06-1059331
*ZZ*SENDERIDENTIFIC*220110*1007*^*00501*000000430*0*T*:~
GS*HN*CHC Dental*SENDERIDENTIFIC*20220623*1340*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*2022-01-10-09-05-43-IHG-TEST*20220623*094028*DG~
HL*1**20*1~
NM1*PR*2*GWH-CIGNA*****PI*80705~
PER*IC**TE*8883368258~
HL*2*1*21*1~
NM1*41*1*CHGBRANDY*****46*1306805932~
HL*3*2*19*1~
NM1*1P*1*CGHBRANDY*C****XX*1306805932~
HL*4*3*22*0~
NM1*IL*1*KEMMRVEL*ARTILYGBWE****MI*U93116357~
TRN*2*2022-01-10-09-05-43-IHG-TEST~
STC*F0:3*20220623**400*125*20220107***58507~
REF*1K*022007000300~
DTP*472*RD8*20220107-20220107~
SVC*AD:D3921*100*25****1~
STC*F1:98*20220107~
DTP*472*RD8*20220107-20220107~
SVC*AD:D4322*100*50****1~
STC*F1:104*20220107~
DTP*472*RD8*20220107-20220107~
SVC*AD:D4323*100*50****1~
STC*F1:104*20220107~
DTP*472*RD8*20220107-20220107~
SVC*AD:D3911*100*0****1~
STC*F2:107*20220107~
DTP*472*RD8*20220107-20220107~
SE*28*0001~
GE*1*1~
IEA*1*000000430~
```

 © 2026 Cigna Healthcare. 

**Scenario B: Pended claim**

**277 HTTP response: New flow**

ISA*00* *00* *30*06-1059331
*ZZ*SENDERIDENTIFIC*220624*1205*^*00501*000000430*0*T*:~
GS*HN*CHC Medical*SENDERIDENTIFIC*20220624*1804*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*2022-06-24-12-00-46-IHG-TEST*20220624*140413*DG~
HL*1**20*1~
NM1*PR*2*GWH-CIGNA*****PI*80705~
PER*IC**TE*8008824462~
HL*2*1*21*1~
NM1*41*1*JUPITER MED CTR*****46*1013033661~
HL*3*2*19*1~
NM1*1P*1*JUPITER MED CTR*****XX*1013033661~
HL*4*3*22*0~
NM1*IL*1*BRENNAN*HERROD****MI*U9307784501~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390005~
DTP*472*RD8*20220605-20220605~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390006~
DTP*472*RD8*20220606-20220606~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390007~
DTP*472*RD8*20220607-20220607~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390008~
DTP*472*RD8*20220608-20220608~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**1000*0~
REF*1K*7432217390009~
DTP*472*RD8*20220609-20220609~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590007~
DTP*472*RD8*20220416-20220416~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590008~
DTP*472*RD8*20220415-20220415~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590009~
DTP*472*RD8*20220414-20220414~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590010~
DTP*472*RD8*20220413-20220413~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590011~
DTP*472*RD8*20220412-20220412~
TRN*2*2022-06-24-12-00-46-IHG-TEST~
STC*P1:45*20220624**450*0~
REF*1K*7432217590012~

 © 2026 Cigna Healthcare. 

DTP*472*RD8*20220411-20220411~
SE*56*0001~
GE*1*1~
IEA*1*000000430~

## 11.3 Frequently asked questions

1. **Does the companion guide apply to all Cigna Healthcare customers?**
   Yes. It applies to all Cigna Healthcare customers.

2. **How does Cigna Healthcare support, monitor, and communicate expected and unexpected connectivity outages?**
   The 276/277 transaction set is generally available 24 hours a day, 7 days a week. To allow for maintenance, these transactions may be unavailable on some weekends. We will send communications to trading partners in advance, as well as when there is unscheduled maintenance or an outage.

3. **If a 276 request is successfully transmitted to Cigna Healthcare, are there any situations that would result in no response being sent back?**
   No. Cigna Healthcare will always send a response. Even if Cigna Healthcare systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

## 11.4 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. | |
| 08/19/2011 | 1.1 | Post-delivery updates made based on feedback:<br>• Corrections made to customer service information in sections 4.2 and 11. | |
| 10/04/2011 | 1.2 | Post-delivery updates made based on feedback:<br>• New Cigna logo added; name change and disclosure statement update made.<br>• EDI technical assistance telephone number changed. | |
| 11/11/2011 | 1.3 | Updated for Web IT solution. | Steve Liebert |
| 11/23/2011 | 1.4 | Updated and revised. | Steve Liebert / Mike Hmelovsky |
| 11/30/2011 | 1.4.1 | Updated X12 examples. | Jim Hoyt |
| 11/30/2011 | 1.4.2 | Updated:<br>• X12 paid example.<br>• Links in sections 2.2 and 5.4. | Steve Liebert |
| 12/2/2011 | 1.4.3 | Updated:<br>• igate URLs.<br>• Application or location system identifier requirements. | Steve Liebert |
| 12/20/2011 | 1.4.4 | Returning processed dates for predeterminations and encounters without service dates. | Steve Liebert |
| 12/07/12 | 1.4.5 | Made changes to the companion guide based on new connectivity rules for CAQH. | Mannu Anand |
| 02/2014 | 2.1 | URLs removed from companion guide. Individual TP Information Guides will be created to include this information. | WebIT |

| Date | Version | Description | Author |
|---|---|---|---|
| 02/08/2017 | 2.1 | Removed:<br>2.2 Cigna does not utilize information submitted using the REF (payer claim control number) segment in loop 2200D/2200E.<br><br>Added:<br>Cigna requires that if the information submitted using the REF (payer claim control number) segment in loop 2200D/2200E, the payer claim control must be valid or the transaction will be rejected. | Gurina Bajaj |
| 05/31/2017 | 2.2 | Updated section 2.1 to identify process for exchanging 276/277 transactions with Cigna. | S. Swyers / P. Keyes |
| 08/01/2018 | 2.3 | Updated contact number in section 5.2 per K. Cabral. | K. Roberg |
| 06/09/2021 | 3.0 | Updated companion guide to reflect Cigna East and Cigna West business now being on the same platform for submission. | Taylor Morelli-Zwiebel |
| 04/19/2024 | 3.1 | Updated:<br>• Working with Cigna.<br>• System availability.<br>• Process flow.<br>• EDI Customer Service.<br>• Trading partner agreements. | M. Neeley |
| 10/14/2025 | 4.0 | Updated:<br>• Section 7.1 / 1.5 Cigna requires NPI to be submitted on 276 requests.<br>• Section 10 / #51 NPI is required. | M. Neeley |
| 02/04/2026 | 5.0 | Updated:<br>• Section 4.4: Communication protocols specifications and section 4.6: Security authentication requirements –<br>  ○ Support REST service using JSON connectivity.<br>  ○ Support OAuth2.0 client authorization for SOAP + WSDL and REST connectivity. I | M. Neeley |
| 08/01/26 | 5.1 | • Removed Medicare Advantage related content from section 7.2.<br>• Editorial updates made | T. Bakalas |

 © 2026 Cigna Healthcare. 