

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
42	Case Control Number	15	338	352	Alpha-Numeric	Case ID for WMCSAs submitted for voluntary review pre-settlement or for non-CMS approved WCMSAs submitted post-settlement. If unknown, enter spaces.
43	Professional Administrator EIN	9	353	361	Numeric	EIN of Professional Administrator, if applicable. Case administrator will default to the beneficiary if no EIN is entered in this field, or if the EIN submitted does not match a registered administrator account in the WCMSAP. If unknown, enter all 0s.

While there will be a change to the Claim Input File layout, there will be no change to the Claim Response File layout. Errors pertaining to the new WCMSA information will be returned as new “CW” errors on the Claim Response File according to current processing standards. The new error codes will be as follows:

New Error Codes

Error Code	Error Description	Relates to Field
CW01	Non-Numeric MSA Amount	37
CW02	Non-Numeric MSA Period	38
CW03	MSA Period is required when MSA Amount is > \$0	38
CW04	Invalid WCMSA Payout Indicator	39
CW05	Non-Numeric Initial Deposit Amount	40
CW06	Non-Numeric Anniversary Deposit	41
CW07	Zero Anniversary Deposit Invalid when Structured/Annuity Indicated	41
CW08	CCN Not Found	42
CW09	EIN Not Found	43
CW10	MSA Amount = \$0 but WCMSA Detail Information provided	38-41

Error Code	Error Description	Relates to Field
CW11	MSA Amount Provided but TPOC Amount 1 Not Provided	37, current Field 81
CW12	Deposit Amounts are invalid when WCMSA Payout Indicator = 'L'	39-41

The information included in this Alert along with additional information will be incorporated into the April 2024 version of the MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No Fault Insurance, and Workers' Compensation User Guide.