

# How to fix a claim rejected stating “RELATED CAUSES CODE: REQUIRED; MUST INDICATE ACCIDENT FOR PAYER.”

09/16/2024 11:45 am EDT

If the patient's services are the result of an accident, the payer will want that information disclosed on the claim. The directions below will show you how to add the information so the claim can be resubmitted and processed.

1. Hover over the **Billing** and select Live Claims Feed.
2. Search for the patient appointment by the Patient name or Chart ID
3. Choose the patient > click on the **Date of Service**

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filters for 'Gospel Room', 'Jones Rd', and 'Surgery Room'. Below that are filters for 'Claim St' (0, 844, 670, All), 'Billing St: All', and 'Appt Profiles: All'. A search bar is present with fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', and dates '07/06/2015' to '07/06/2016'. There are buttons for 'Check All', 'Clear', and 'Update Filter'. Below the search bar are buttons for 'Batch Status Change', 'Export to File', 'Custom Export', 'Display', '+ Schedule', and 'Internal'. A status indicator shows '1 - 100 OF 1,514'. The main table has columns: RCM, Info, Claim ID, Patient, Date of Service, Office, Billed, Allowed, Adjmt, Ins 1 Paid, Ins 2 Paid, Pt Paid, Ins Bal, Pt Bal, Claim Bal, Exp Reimbr, and Ins 1. A 'Totals' row is highlighted in green. The table contains several rows of claim data. The row for Claim ID 32423212 has a red box around the 'Date of Service' field, which is '7/06/2016 10:15AM'. Other rows include Claim ID 32425064 (Surgery Room, 7/06/2016 03:00PM), Claim ID 32425062 (Surgery Room, 7/06/2016 10:00AM), Claim ID 32342178 (Gospel Room, 7/05/2016 03:15PM), and Claim ID 32343392 (Surgery Room, 7/05/2016 03:00PM).

RCM	Info	Claim ID	Patient	Date of Service	Office	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Bal	Claim Bal	Exp Reimbr	Ins 1
Totals: \$805,808.96 \$618,319.28 \$187,489.68 \$378,057.29 \$0.00 \$15,636.01 \$153,506.89 \$71,119.09 \$224,625.98 \$23,360.00																
		32425064		7/06/2016 03:00PM	Surgery Room	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	united healthcare
		32423212		7/06/2016 10:15AM	Gospel Room	\$80.60	\$80.60	\$0.00	\$0.00	\$0.00	\$0.00	\$80.60	\$0.00	\$80.60	\$0.00	Cigna
		32425062		7/06/2016 10:00AM	Surgery Room	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	UnitedHealthcare
		32342178		7/05/2016 03:15PM	Gospel Room	\$266.92	\$266.92	\$0.00	\$0.00	\$0.00	\$0.00	\$266.92	\$0.00	\$266.92	\$0.00	UMR (formerly Harrington Benefit Services - Westerville)
		32343392		7/05/2016 03:00PM	Surgery Room	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	united healthcare

4. In the Billing Detail screen, in the **HCFA Box 10 - Is patient's condition related to:** field, select **Yes** from the dropdown next to the appropriate type of accident; employment, auto accident, other accident (red box).

View Service		+ EOB	SuperBill	Clinical Note	Clone	HCFA/1500	HCFA/1500 (text)	Print Screen
<b>Billing Status</b>	Bill Insurance							
<b>ICD Version</b>	ICD-10							
<b>Pt Payment</b>	\$ 0	Copay: \$20.00						
<b>Payment Profile</b>	Insurance							
<b>Pt Payment Due</b>								
<b>Billing Pick List</b>	Choose from Pick List							
<b>Diagnosis Pick List</b>	Choose from Pt Problems							
<b>Payer pre-auth #</b>								
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer							
<b>Referral #</b>								
<b>Purchased Serv Provider</b>								
<b>Appointment Notes</b>								
<b>Follow-up Date</b>								
<b>Billing Notes</b>								
							<b>Claim Type</b>	Default
							<b>Emergency Service</b>	No
							<b>Delay Reason</b>	- Not Used -
							<b>Acute Manifestation Date</b>	
							<b>Onset Date</b>	- Onset De (HCFA box 14)
							<b>Other Date</b>	- Other Da (HCFA box 15 & 19)
							<b>Is patient's condition related to</b>	
							<b>Employment</b>	No
							<b>Auto Accident</b>	No
							<b>Other Accident</b>	No
							<b>EDI Billing Note</b>	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)
							<b>Providers</b>	

5. You can enter additional information regarding the accident under the **EDI Billing Note** section (blue arrow). If you click in the box to the right of the title, a space will open where you can enter additional information that will populate in box 19 on the HCFA 1500 form.

## Auto Accident Claims

When you are billing the claims out to the Auto accident insurance, update the insurance information in the Demographics > Insurances > Auto Accident section. This will give you the option to enter all of the applicable information and have that information populate in the appropriate place on the claim form.

After entering the information under Auto Accident, ensure that the payment profile under the appointment is listing Auto Accident for any claims that need to go to the auto payer. The system will know, based on the payment profile you select, to bill to the payer listed under Auto Accident, instead of Primary Ins.

Important Demographics **Insurances** Eligibility Authorizations Smoking Status Flags Balance onpatient Payments

✓ Sufficient patient demographics to bill insurance.

Primary Ins Secondary Ins Tertiary Ins **Auto Accident** Worker's Comp Durable Med Eqpt

**Default Auto Accident Insurance** [Manage Alternative Insurances & History](#)

Subscriber is the Patient  Insured person is the same person as the Patient

Auto accident company

Auto Accident Payer ID

Auto accident policy number

Auto accident case number

Auto accident payer address

Auto accident payer zip

Auto accident payer city

Auto accident payer state

Auto accident date of accident

Auto accident state of occurrence

Auto accident notes

## Workers' Comp Claims

When you are billing the claims out to a Workers' Comp insurance, update the insurance information in the Demographics > Workers' Comp section. This will give you the option to enter all of the applicable information and have that information populate in the appropriate place on the claim form.

After entering the information under Worker's Comp, ensure that the payment profile under the appointment is listing Worker's Comp for any claims that need to go to the work comp payer. The system will know, based on the payment profile you select, to bill to the payer listed under Worker's Comp, instead of Primary Ins.

Important

Demographics

Insurances

Authorizations

Smoking Status

Balance

✓ Sufficient patient demographics to bill insurance.

Primary Ins

Secondary Ins

Tertiary Ins

Auto Accident

Worker's Comp

Durable Med Eqpt

### Worker's Compensation Patient Insurance History

Insurance Provider

Insurance Payer ID

Insurance Group Name

Insurance Group Number

Insurance Payer Address

Insurance Payer Zip

Insurance Payer City

Insurance Payer State

Date of Accident

Insurance W.C.B. #

Insurance W.C.B. Rating Code

Insurance Carrier Code

Insurance Case #

State of Occurrence

Property & Casualty Agency Claim #  \*only for property & casualty claims

Workers comp notes

Save Demographics