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

Last modified on 06/23/2025 2:31 pm 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 > press the Date of Service



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 arrow).

		View Service	+ EOB	🚍 SuperBill	& Clinical Note	🖴 Clone	HCFA/1500	HCFA/1500 (text)	⊖ Print Screen
Institutional Claim	No				Emer	Claim Type	Default	~	
					Enlerg	Jenicy Service	NO	<b>`</b>	
Ø Billing Status	Balance Due	~				Delay Reason	- Not Use	ed - 🗸	
ICD Version	ICD-10	~			Acute Manif	estation Date			
Primary Insurer	- Default -	~				Onset Date	431: Ons	e: 🗸	(HCFA box 14)
Secondary Insurer	- Default -	~				Other Date	- Other D	a 🗸	(HCFA box 15 & 19)
Billing Provider:	- If different to pr	ovider -	~		<b>`</b>	Clinical Trial #	•		
Supervising Provider:	- If different to pr	ovider -	~				Is patient's	condition related to	
Pt Payment	\$ 0	Copay: \$20.00	+			Employment	t No	~	
					μ	uto Accident	t No	~	
Payment Profile		~			Of	ther Accident	t No	~	
Pt Payment Due					ED	I Billing Note	HCFA	CMS-1500 Line 19)	
Billing Profile	Select Profile	✓ +				Providers	Ref. I	1	
Billing Pick List	Choose from Pic	k List							
Diagnosis Pick List	Choose from Pt	Problems							
Payer pre-auth #	1								
Do Not Transmit	Do not transmit	authorization num	ber to paye	er					
Referral #									
Billing Facility									
Purchased Serv Provider									
Appointment Notes									
			1						
Follow-up Date									
Billing Notes			+						

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.

		View Service	+ EOB	🚍 SuperBill	Clinical Note		HCFA/1500	HCFA/1500 (text)	🔒 Print Screen
Institutional Claim	No				Emerg	Claim Type gency Service	Default No	~ ~	
Ø Billing Status	Balance Due	~			1	Delay Reasor	n 🛛 - Not Use	- V	
ICD Version	ICD-10	~			Acute Manif	estation Date	•		
Primary Insurer	- Default -	~				Onset Date	431: Ons	e. 🗸	(HCFA box 14)
Secondary Insurer	- Default -	~				Other Date	- Other D	a 🗸	(HCFA box 15 & 19)
Billing Provider:	- If different to pr	ovider -	~			Clinical Trial #	+		
Supervising Provider:	- If different to pr	ovider -	~				Is patient's	condition related to	)
Pt Payment	\$ 0	Copay: \$20.00	+			Employmen	t No	~	
					A	Auto Acciden	t No	~	
Payment Profile		~			0	ther Acciden	t No	~	
Pt Payment Due					EC	DI Billing Note	HCFA/	CMS-1500 Line 19)	
Billing Profile	Select Profile	<ul><li></li><li></li></ul>				Providers	Ref. I		
Billing Pick List	Choose from Pic	k List							
Diagnosis Pick List	Choose from Pt	Problems							
Payer pre-auth #	1								
Do Not Transmit	Do not transmit	authorization num	ber to paye	er					
Referral #									
Billing Facility									
Purchased Serv Provider									
Appointment Notes									
Follow-up Date			1						
Pollow-up Date									
Billing Notes			/ +						

## **Auto Accident Claims**

When you are billing the claims out an 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.

Demographics									
✓ Sufficient paties	nt demographics to bill	l insurance.							
Important	Demographics	Insurances	Authorizations	Smoking Status	Flags	Balance	DrChrono Payments		
Primary Ins	Secondary Ins	Tertiary Ins Pr	imary Hospital Seco	ondary Hospital	Auto Accident	Worker's Comp	Durable Med Eqpt		
Default Auto A	Accident Insuranc	ce Manage Alte	rnative Insurances 8	History	1				
Subscriber is the Patient 🗹 Insured person is the same person as the Patient									
Auto a	accident company		<b></b> )-						
Auto	Accident Payer ID								

## 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.

Demographics										
✓ Sufficient patient	nt demographics to bill	l insurance.								
Important	Demographics	Insurances	Authorizations	Smoking Status	s Flags	Balance	DrChrono Payments			
Primary Ins	Secondary Ins	Tertiary Ins	Primary Hospital	Secondary Hospital	Auto Accident	Worker's Comp	Durable Med Eqpt			
Default Auto A	Accident Insuranc	ce Manage Alt	ternative Insurance	es & History		1				
Subscriber is the Patient <li>Insured person is the same person as the Patient</li>										
Auto a	accident company									
Auto	Accident Payer ID									