

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

Last modified on 03/19/2026 9:51 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 > press the **Date of Service**

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab | Exclude future follow-up dates

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

| Info | Claim ID | Patient | Date of Service | Office | Provider | Supervising Provider | Billing Provider | Billed | Allowed | Adjmt | Ins 1 Paid | Ins 2 Paid | Pt Paid | Ins Bal | Pt Line Item Bal | Claim Bal | Exp Reimbr | Ins 1 | Ins 1 Status | Ins 2 |
|--------------------------|-----------|--------------------|--------------------|----------------|----------|----------------------|------------------|------------|------------|--------|------------|------------|---------|----------|------------------|------------|------------|-------|---|-------------|
| Totals: | | | | | | | | \$1,910.00 | \$1,910.00 | \$0.00 | \$0.00 | \$0.00 | \$15.00 | \$310.00 | \$1,585.00 | \$1,895.00 | \$0.00 | | | |
| <input type="checkbox"/> | 330869573 | Jenny (Jen) Harris | 11/19/2024 12:00AM | Primary Office | | | | \$185.00 | \$185.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$185.00 | \$0.00 | \$185.00 | \$0.00 | | | Balance Due |
| <input type="checkbox"/> | 330866937 | Jenny (Jen) Harris | 11/18/2024 10:35AM | Primary Office | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | Balance Due |
| <input type="checkbox"/> | 330853439 | Tina Adams | 11/18/2024 09:25AM | Primary Office | | | | \$125.00 | \$125.00 | \$0.00 | \$0.00 | \$0.00 | \$15.00 | \$125.00 | -\$15.00 | \$110.00 | \$0.00 | Cigna | Missing Information: Not able to validate appointment. Appointment not in billable state. | Aetna |

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 | <input type="radio"/> No | | | | | | | | |
| Billing Status | Balance Due | | | | | | | | |
| ICD Version | ICD-10 | | | | | | | | |
| Primary Insurer | - Default - | | | | | | | | |
| Secondary Insurer | - Default - | | | | | | | | |
| Billing Provider: | - If different to provider - | | | | | | | | |
| Supervising Provider: | - If different to provider - | | | | | | | | |
| Pt Payment | \$ 0 | Copay: \$20.00 | | | | | | | |
| Payment Profile | | | | | | | | | |
| Pt Payment Due | | | | | | | | | |
| Billing Profile | Select Profile | | | | | | | | |
| Billing Pick List | Choose from Pick List | | | | | | | | |
| Diagnosis Pick List | Choose from Pt Problems | | | | | | | | |
| Payer pre-auth # | | | | | | | | | |
| Do Not Transmit | <input type="checkbox"/> Do not transmit authorization number to payer | | | | | | | | |
| Referral # | | | | | | | | | |
| Billing Facility | | | | | | | | | |
| Purchased Serv Provider | | | | | | | | | |
| Appointment Notes | | | | | | | | | |
| Follow-up Date | | | | | | | | | |
| Billing Notes | | | | | | | | | |
| Claim Type | Default | | | | | | | | |
| Emergency Service | No | | | | | | | | |
| Delay Reason | - Not Used - | | | | | | | | |
| Acute Manifestation Date | | | | | | | | | |
| Onset Date | 431: Onse | | | | | | | | (HCFA box 14) |
| Other Date | - Other Da | | | | | | | | (HCFA box 15 & 19) |
| Clinical Trial # | | | | | | | | | |
| Is patient's condition related to | | | | | | | | | |
| Employment | No | | | | | | | | |
| Auto Accident | No | | | | | | | | |
| Other Accident | No | | | | | | | | |
| EDI Billing Note | <input type="checkbox"/> (HCFA/CMS-1500 Line 19) | | | | | | | | |
| Providers | Ref. | | | | | | | | |

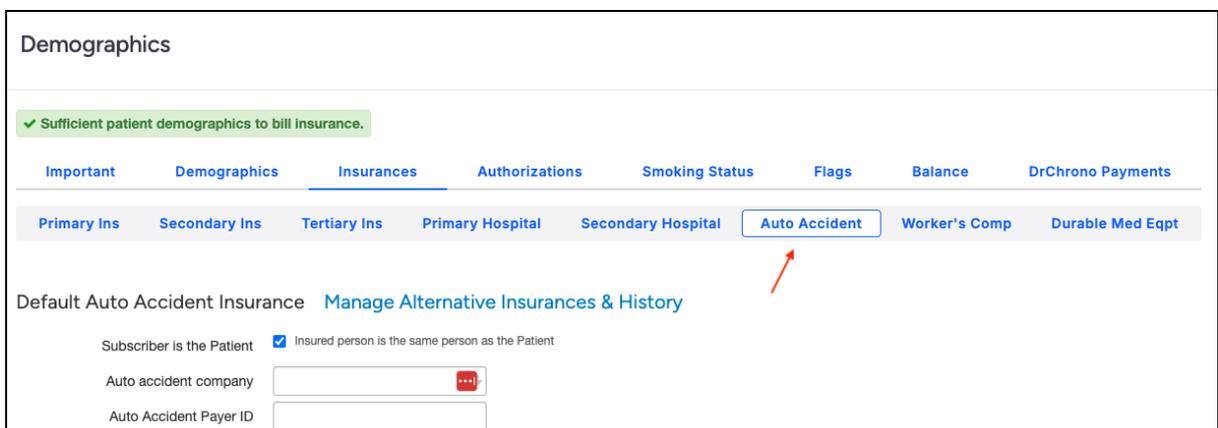
5. You can enter additional information regarding the accident under the **EDI Billing Note** section (blue arrow). If you click in the box to the right of the title, a space will open where you can enter additional information that will populate in box 19 on the HCFA 1500 form.

| | | View Service | + EOB | SuperBill | Clinical Note | Clone | HCFA/1500 | HCFA/1500 (text) | Print Screen |
|--|--|----------------|-------|-----------|---------------|-------|-----------|------------------|--------------------|
| Institutional Claim | <input type="radio"/> No | | | | | | | | |
| Billing Status | Balance Due | | | | | | | | |
| ICD Version | ICD-10 | | | | | | | | |
| Primary Insurer | - Default - | | | | | | | | |
| Secondary Insurer | - Default - | | | | | | | | |
| Billing Provider: | - If different to provider - | | | | | | | | |
| Supervising Provider: | - If different to provider - | | | | | | | | |
| Pt Payment | \$ 0 | Copay: \$20.00 | | | | | | | |
| Payment Profile | | | | | | | | | |
| Pt Payment Due | | | | | | | | | |
| Billing Profile | Select Profile | | | | | | | | |
| Billing Pick List | Choose from Pick List | | | | | | | | |
| Diagnosis Pick List | Choose from Pt Problems | | | | | | | | |
| Payer pre-auth # | | | | | | | | | |
| Do Not Transmit | <input type="checkbox"/> Do not transmit authorization number to payer | | | | | | | | |
| Referral # | | | | | | | | | |
| Billing Facility | | | | | | | | | |
| Purchased Serv Provider | | | | | | | | | |
| Appointment Notes | | | | | | | | | |
| Follow-up Date | | | | | | | | | |
| Billing Notes | | | | | | | | | |
| Claim Type | Default | | | | | | | | |
| Emergency Service | No | | | | | | | | |
| Delay Reason | - Not Used - | | | | | | | | |
| Acute Manifestation Date | | | | | | | | | |
| Onset Date | 431: Onse | | | | | | | | (HCFA box 14) |
| Other Date | - Other Da | | | | | | | | (HCFA box 15 & 19) |
| Clinical Trial # | | | | | | | | | |
| Is patient's condition related to | | | | | | | | | |
| Employment | No | | | | | | | | |
| Auto Accident | No | | | | | | | | |
| Other Accident | No | | | | | | | | |
| EDI Billing Note | <input type="checkbox"/> (HCFA/CMS-1500 Line 19) | | | | | | | | |
| Providers | Ref. | | | | | | | | |

Auto Accident Claims

When you are billing the claims out for 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.



The screenshot shows a web interface for patient demographics. At the top, there is a green notification bar that says "Sufficient patient demographics to bill insurance." Below this, there are several tabs: Important, Demographics, Insurances, Authorizations, Smoking Status, Flags, Balance, and DrChrono Payments. Under the 'Insurances' tab, there are sub-tabs: Primary Ins, Secondary Ins, Tertiary Ins, Primary Hospital, Secondary Hospital, Auto Accident, Worker's Comp, and Durable Med Eqpt. The 'Auto Accident' sub-tab is highlighted with a blue border and a red arrow pointing to it. Below the sub-tabs, there is a section for "Default Auto Accident Insurance" with a link to "Manage Alternative Insurances & History". There are two checkboxes: "Subscriber is the Patient" (unchecked) and "Insured person is the same person as the Patient" (checked). Below these are two input fields: "Auto accident company" and "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 demographics to bill insurance.

[Important](#) [Demographics](#) [Insurances](#) [Authorizations](#) [Smoking Status](#) [Flags](#) [Balance](#) [DrChrono Payments](#)

[Primary Ins](#) [Secondary Ins](#) [Tertiary Ins](#) [Primary Hospital](#) [Secondary Hospital](#) [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