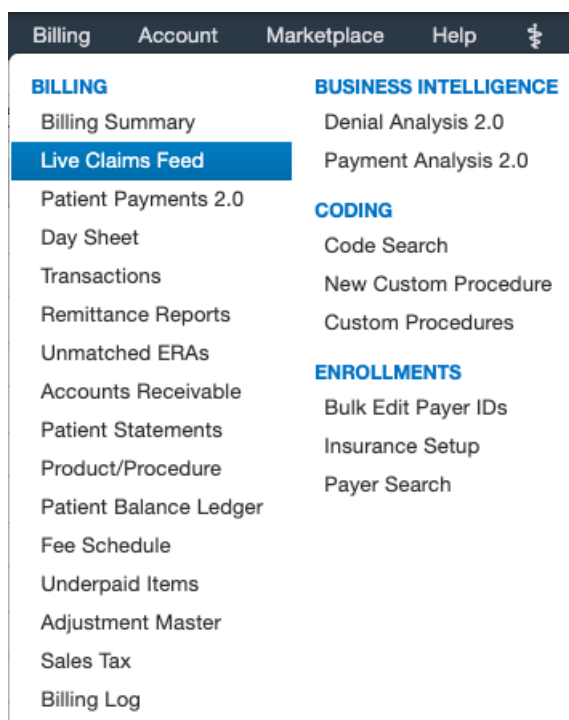


How to fix a claim rejected stating “RELATED CAUSES CODE: REQUIRED; MUST INDICATE ACCIDENT FOR PAYER.”

07/24/2024 5:10 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.

- Hover over the **Billing** and select Live Claims Feed.



- Search for the patient appointment by the Patient name or Chart ID
- Choose the patient > click on the Date of Service

Live Claims Feed

Select All Offices | Select None | Gospel Room All | Jones Rd All | Surgery Room All

Claim St: 0 844 670 All | Billing St: All | Appt Profiles: All | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | 07/06/2015 - 07/06/2016 | Clinical Note

Open window in new tab | Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal | 1 - 100 OF 1,514

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

- 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

Billing Status: Bill Insurance | ICD Version: ICD-10 | Pt Payment: \$ 0 Copay: \$20.00 | Payment Profile: Insurance | Pt Payment Due: | Billing Pick List: Choose from Pick List | Diagnosis Pick List: Choose from Pt Problems | Payer pre-auth #: | Do Not Transmit: Do not transmit authorization number to payer | Referral #: | 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: - Onset Date | (HCFA box 14) | Other Date: - Other Date | (HCFA box 15 & 19)

Is patient's condition related to

Employment: No | Auto Accident: No | Other Accident: No

EDI Billing Note: (HCFA/CMS-1500 Line 19) | Providers: |

- 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.

✓ 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