

		<p>The home health agency must document in writing the number of Medicare visits used in the nursing plan of care and also in this block.</p> <p>If a patient stays beyond dismissal time, indicate the medical reason if additional charge is made.</p> <p>If billing for a private room, the medical necessity must be indicated, signed, and dated by the physician.</p> <p>If services are the result of an accident, the cause and location of the accident must be entered in this block. The time must be entered in Block 39.</p> <p>If laboratory work is sent out, the name and address or the provider identifier of the facility where the work was forwarded must be entered in this block.</p> <p>If the patient is deceased, enter the date of death and indicate "DOD". If services were rendered on the date of death, enter the time of death.</p> <p>If the services resulted from a family planning provider's referral, write "family planning referral."</p> <p>If services were provided at another facility, indicate the name and address of the facility where the services were rendered.</p> <p>Request for 110-day rule for a third party insurance.</p>
81A-81D	Code code (CC)	<p>Optional: Area to capture additional information necessary to adjudicate the claims. required when, in the judgment of the provider, the information is needed to substantiate the medical treatment and is not support elsewhere on the claim data set.</p>