



## Special Completion Instructions – Reporting Ordering, Referring, and Prescribing Providers

The 2024 © ADA Dental Claim Form does not have structured data fields for reporting Ordering, Referring, and Prescribing Providers.

Title 42, Code of Federal Regulation, includes two rules for OPR providers:

- § 455.410 Enrollment and screening of providers (b) The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the state plan or under a waiver of the plan to be enrolled as participating providers.
- § 455.440 National Provider Identifier The State Medicaid agency must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

To prevent claim denials, the ADA has provided the following guidance for documentation of this information.

### **The following special instructions apply only to the 2024 © ADA Dental Claim Form.**

The Last, First Name, National Provider Identifier (NPI), and 2-digit Qualifier should be entered in item 35 Remarks. They **must be separated by a pound “#” delimiter** to indicate the separation of the individual element.

- Enter the **Name** (Last, Middle, First, Credentials) of the referring, ordering, or prescribing provider.
- Enter the **NPI** (National Provider Identifier, the provider’s unique 10-digit identification number)
- Enter the **Qualifier** to identify which provider is being reported.

DN Referring Provider  
 DK Ordering Provider  
 DQ Supervising Provider

### **Example:**

“John Smith#1111111111#DK” is entered in item 35 below to indicate “Name,” “NPI,” and “Qualifier.”

33. Missing Teeth Information (Place an "X" on each missing tooth.)														34. Diagnosis Code List Qualifier <input type="checkbox"/> <input type="checkbox"/> (ICD-10 = AB )			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A _____ (
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")	B _____ [
35. Remarks <b>Smith, John#1111111111#DK</b>																	
<b>AUTHORIZATIONS</b>														<b>ANCILLARY CLAIM/TREATMENT INFO</b>			