

## How to Bill Domain 2: Claims Example Guide

The attached mock-claims are meant to serve as a reference in order to familiarize providers and billing staff with the requirements that need to be met in order to be paid their incentive payments, under the DTI Domain 2 program.

Please refer to the steps below:

1. Complete the Treating Young Kids Everyday (TYKE) training, which can be found on the California Dental Association (CDA) website<sup>1</sup>. TYKE completion certificate will need to be attached to the Provider Opt-In Attestation form.
2. Complete and submit the Domain 2 Provider Opt-In Attestation Form<sup>2</sup>.
3. For **Fee-for-Service (FFS)** providers, please continue filling out and submitting the Denti-Cal Treatment Authorization Request (TAR) form.

For **Dental Managed Care (DMC)** providers, please continue filling out and submitting the claim form utilized by your plan.

4. For FFS providers, please see the bottom left corner of the attached claim forms for a general overview of the claiming criteria that need to be met in order to have claims processed and paid out correctly.

For DMC providers, please adapt the same claiming criteria found on the FFS claim examples when submitting Domain 2 claim forms to your plan.

Caries Risk Level	Pages in Claim Examples	Frequency
D0601 (Low)	2	Once every 6 months
D0602 (Moderate)	3	Once every 4 months
D0603 (High)	3	Once every 3 months

If you have any questions about the claims examples or additional questions about Domain 2, please send an e-mail to [DTI@dhcs.ca.gov](mailto:DTI@dhcs.ca.gov) and we will respond back shortly.

Additional provider resources can be found on the Domain 2 webpage<sup>4</sup> under Additional Resources.

Thank you.

<sup>1</sup> <https://www.cda.org/member-resources/education/tyke-training>

<sup>2</sup> <http://www.dhcs.ca.gov/provgovpart/Documents/Domain%202%20Provider%20Opt-In%20Attestation.pdf>

<sup>3</sup> [http://www.denti-cal.ca.gov/provsrvcs/forms/dc\\_217\\_SNC\\_paper\\_encounter\\_form.pdf](http://www.denti-cal.ca.gov/provsrvcs/forms/dc_217_SNC_paper_encounter_form.pdf)

<sup>4</sup> [http://www.dhcs.ca.gov/provgovpart/Pages/dtidomain\\_2.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/dtidomain_2.aspx)