



CalAIM Billing FAQ

1. Is an authorization required for billing?

Yes, authorization is required when submitting a claim.

2. How do I submit a dispute for a claim issue?

Please follow the provider dispute instructions: [Provider Complaint Process \(caloptima.org\)](https://caloptima.org)

3. How long does it take for a claim to be paid?

90% of clean claims are paid in 30 days.

4. How do I submit a claim?

We recommend using a clearing house such as Office Ally. Office Ally offers a web-based service where providers can submit claims or HIPAA compliant claims files to Payers for free.

5. When should a claim be submitted?

A claim can be submitted after a service has been rendered and can be submitted within 365 days from the date of the service.

6. What activities are not billable?

Outreach is not billable because it is included in the Per Enrollee Per Month payment.

ECM Billing

7. What is the contracted rate for ECM services rendered?

CalOptima shall pay Provider during the term of the Contract the ECM Supplemental Payment rate of \$642.58 for each Member who receives two (2) or more hours of ECM services in a given calendar month as identified by eight (8) or more units.

8. What are the claim codes for ECM?

See the DHCS coding [HCPCS Coding Options for ECM and Community Supports \(ca.gov\)](https://www.ca.gov)



Community Supports Billing

9. What are the claim codes for ECM?

See the DHCS coding [HCPCS Coding Options for ECM and Community Supports \(ca.gov\)](#)