Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue® Care Together | Medicaid

Healthy Blue Care Together

Companion Guide

Healthy Blue Care Together is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-FC-021326-26-S5806 | October 2026

Contents

Overview 3
Availity Essentials: What you need to know 4
Technical issues requiring Availity Client Services 4
Availity Essentials and NC CarePoints Connect 5
NC CPC trainings 5
Authorization submission guidance 5
Initial authorizations 5
Reauthorization and concurrent review guidance 6
Behavioral health utilization management (BH UM) support line 6
Authorization corrections 7
Messages and requests for additional information within Availity Essentials 7
Faxed authorization requests 8
Authorization timeframe guidance 8
Recommended provider best practices: 8
Electronic funds transfer (EFT) and electronic remittance advice (ERA) 8
Key service highlights (HFW, TASK, CHILD ACT) 9
High-Fidelity Wraparound 9
Treatment alternatives for sexualized kids 9
ChildFocused Assertive Community Treatment Team ..... **Error! Bookmark not defined.**
Common claim rejection codes ..... **Error! Bookmark not defined.**
NCTracks resources 11

Overview

Since launching Healthy Blue Care Together, we have received valuable feedback from providers that has helped us better understand areas where additional clarification and practical guidance may be beneficial. In response, we developed this Companion Guide as a quick-reference resource to help providers navigate key processes and requirements. Designed as a collection of tips, best practices, and helpful reminders, this guide complements existing provider materials and highlights common questions, considerations, and lessons learned since plan launch. Our goal is to help make working with Healthy Blue Care Together as straightforward and efficient as possible while continuing to strengthen our partnership with providers in serving members.

Provider support resources

Need help with	Contact
Healthy Blue Care Together provider services	**833-777-3698** (TTY 711)
Provider support email	NC_Provider@healthybluenc.com
Availity Essentials client services (technical website issues)	**800-282-4548** Monday-Friday, 8 a.m. to 8 p.m. ET
Behavioral Health/Utilization Management support	**844-940-4866**
NC CarePoints Connect support	NCCarepointsConnect@healthybluenc.com

Healthy Blue Care Together quick reference links

NCDHHS program specific clinical coverage policies — NC Medicaid requirements and guidelines	**Program Specific Clinical Coverage Policies**
Healthy Blue Care Together covered services and PA requirements — (1915(i), ILOS)	**Healthy Blue Care Together Provider Manual**
NCDHHS fee schedules — NC Medicaid Rates	**Fee Schedules**
Health plan billing guidance — Guidance on billing key Medicaid services	**Health Plan Billing Guide**
Overpayment process — Refund Notification and Recoup Notification	**Healthy Blue Care Together Provider Manual**
Member records and treatment planning —Comprehensive assessment, personalized support and care plan, progress notes	**Healthy Blue Care Together Provider Manual**
Value-added services — Healthy Blue Care Together offers extra benefits at no cost to our members.	**Healthy Blue Care Together Provider Manual**
Healthy Blue Care Together schedules and registration — Sign up for training and office hours	**Schedules and registration**

NCDHHS program specific clinical coverage policies — NC Medicaid requirements and guidelines	**Program Specific Clinical Coverage Policies**
Provider news — Keep up with changes to Healthy Blue Care Together guidelines, processes, known issues, and more	**Provider News**
Quick reference numbers — Important phone numbers and links	**Healthy Blue Care Together Provider Manual**

Availity Essentials: What you need to know

Healthy Blue Care Together uses the Availity Essentials platform, which offers health care professionals free access to real-time information. Through the Availity Essentials platform, you can request authorizations, submit claims, confirm eligibility, and access applications such as NC CarePoints Connect.

If you have questions about Availity, need assistance navigating the platform, or would like to connect with your provider representative for one-on-one support, please email NC_Provider@healthybluenc.com. Turnaround time is typically 24 to 72 hours.

You can also access Availity-specific training sessions through the following links:

- Digital Solutions Learning Hub: **Provider Education and Training – Healthy Blue NC**
- Blue Cross NC Training Academy: **Training Academy | Healthy Blue**

Our Healthy Blue Care Together provider representatives can assist with:

- How to submit claims and prior authorizations
- NC CarePoints Connect
- Payer responses or results (such as rejected, denied, or pended claims)
- Insufficient or incorrect eligibility, benefits, and claim status
- Payer-specific errors that display in red at the top of transaction pages
- Difficulty interpreting EDI errors (see common rejection codes in the Healthy Blue Care Together Common Claim Rejection Codes section of this guide)
- Verifying payer-assigned provider IDs, member IDs, and other identifiers
- Review of claim adjudication details (reimbursements, coinsurance, co-payments, and deductibles)
- Payer-provider contracting issues or demographic changes
- Appeals, grievances, and complaints related to the above

Technical issues requiring Availity Client Services

Certain technical issues will require contacting Availity Client Services. These include:

- New account creation, verification, and setup
- HIPAA-related errors you cannot resolve (usually display in pop-up windows)
- Dashboard errors, including recurring Availity (AV) or Payer (PA) errors
- Problems with links or technical problems with Availity Essentials

- Setting up new users when your administrator is no longer available

Availity Client Services: **800-282-4548** (Monday through Friday, 8 a.m. to 8 p.m. ET)

Availity Essentials and NC CarePoints Connect

NC CarePoints Connect (NC CPC) is a secure and free web-based application available to Healthy Blue Care Together providers with Availity Essentials log-ins. NC CPC offers applications and resources to improve health outcomes and allows members to redeem their extra benefits and healthy rewards. NC CPC helps share vital information, such as medical records, screenings, medicines, trauma assessments, and care plans.

Users can access NC CPC through the Availity Essentials platform, which uses two-factor authentication. We have a team dedicated to supporting you with registration, access, and navigation. You can email them at: NCCarepointsConnect@healthybluenc.com

NC CPC trainings

To register for an upcoming NC CPC training, visit **https://provider.healthybluenc.com/north-carolina-provider/schedules-registration.** Available training sessions are listed in the "Office Hours" section, where providers can review and register for upcoming offerings.

If you need assistance with issues not related to Availity, please contact Healthy Blue Care Together Provider Services at **833-777-3698** (TTY 711) or email NC_Provider@healthybluenc.com.

Authorization submission guidance

When submitting an initial authorization request, providers should include all required clinical and administrative documentation necessary to support medical necessity review.

Initial authorizations

Initial authorization submissions must include, as applicable:

- Prior authorization form (if submitting via fax) found **here**.
  - If submitting through Availity Essentials, the same form is available electronically.
- Comprehensive Clinical Assessment related to service authorization request
- Service order
- Person-Centered Plan (PCP) updated according to the North Carolina Medicaid Clinical Coverage policy
- Detailed clinical narrative explaining why the service is recommended to include, but not limited to, the following:
  - Presenting problem
  - Symptoms
  - Risks
  - Treatment history (prior interventions or levels of care)
  - Functional impacts
  - Current treatment plan and interventions

  - Discharge plan
- Requested service code, modifier, units, and date range
- Provider name, TIN, NPI, service location, and taxonomy when applicable
- Direct contact name, phone number, fax number, and email for the person responsible for the request

Providers should ensure that the listed contact person is the person who can answer questions about the authorization submission. This may be different from the organization's NC Tracks administrator, Availity Essentials administrator, billing contact, or general office line. Contact information can be entered in the Prior Authorization Request form.

Reauthorization and concurrent review guidance

For reauthorizations or concurrent reviews, providers should submit updated documentation at least seven days prior to the expiration of the approved units or existing authorization.

Concurrent or reauthorization documentation must include:

- Treatment plan or Person-Centered Plan (PCP), updated according to the North Carolina Medicaid Clinical Coverage policy
- Updated medication list
- Progress notes
- Goals met during the current authorization period
- Goals added or revised
- Barriers or complications that support continued service need
- Clinical justification for the continued level of care
- Updated service frequency, units, or requested date range
- Direct contact information for the staff member managing the request

Requests continue to be reviewed on a case-by-case basis using applicable clinical coverage policy, medical necessity criteria, and the documentation submitted for the individual member.

Behavioral health utilization management (BH UM) support line

Behavioral Health Utilization Management (UM): **844-940-4866**

- Dedicated confidential voicemail (please leave a message).
- Expect a response within 24 hours.
- Use this line for: peer-to-peer requests, discharge notifications, and authorization status inquiries.
- Include in your message:
  - Member name, date of birth, and Medicaid or Healthy Blue Care Together member ID
  - UM authorization number (if applicable)
  - Provider name and best contact information
  - Details of the request/inquiry

Authorization corrections

If an authorization is submitted with an incorrect date range, service code, modifier, unit amount, provider identifier, or other key field, providers should avoid submitting multiple requests unless instructed to do so. To make corrections, please call Healthy Blue Care Together Provider Services at **833-777-3698**. Please share that you have already submitted an authorization and need to make corrections.

To request an authorization correction, providers must provide:

- Original authorization or reference number
- Member name and member ID
- Provider name, TIN, NPI, and location
- Description of the incorrect information
- Requested correction
- Whether the original request was submitted through the Availity Essentials platform or by fax
- Direct contact name, phone number, fax number, and email

Healthy Blue Care Together will review whether the existing authorization can be corrected or whether a new request is required.

Authorization discharge guidance

If a member is discharged, providers should call Behavioral Health Utilization Management at **844-940-4866** and leave a message regarding the member's discharge.
Please include the following information in your message:

- Member name
- Member date of birth
- Healthy Blue Care Together Member ID
- Date of discharge
- Discharge disposition (such as home or another facility location)
- Provider name and best contact information

Messages and requests for additional information within Availity Essentials

Providers should monitor their Availity Essentials account regularly for pended requests, reviewer comments, and requests for additional information. The status only changes from 'pended' once a review is completed. Providers should check after day seven for the determination.

Some Availity Essentials notifications may be routed to the organization's Availity Essentials administrator or NCTracks administrator rather than to the operational staff member managing the authorization or claim. Providers should review their internal Availity Essentials platform setup and notification routing to ensure the appropriate staff are monitoring requests.

To reduce delays, providers should include direct contact information in each authorization or claim-related submission whenever possible.

Faxed authorization requests

The Availity Essentials platform is the preferred submission method when available because it provides greater visibility into the request and its status. Faxed authorizations can be sent to Behavioral Health Prior Authorization at **866-670-4880**.

When a request must be submitted by fax, providers must include:

- Complete the authorization request form
- Required clinical documentation as referenced in the Reauthorization and Concurrent Review Guidance section
- Direct fax number for return notification
- Direct contact name and phone number
- Email address if available (include the email address on the physical **form** for section "III Provider" or in the comments section of the Availity form).
- Provider identifiers (including TIN, NPI) and service location
- Member ID and requested service details

If a direct fax number is not provided, notifications may be delayed or may require alternate mailing processes. Including a direct point of contact also allows the UM team to clarify any missing or incomplete information before making a determination.

Authorization timeframe guidance

Authorization decisions remain individualized and based on medical necessity. Providers should clearly explain the clinical basis for the requested timeframe. For example, when requesting three months, six months, or another duration, the submission should describe why the requested period is clinically appropriate for the member's needs, service plan, permanency status, treatment goals, and anticipated course of care.

Recommended provider best practices:

- Use the Availity Essentials platform whenever possible for claims and authorization activity.
- Include direct operational contact information in every authorization or claim inquiry.
- Monitor your Availity Essentials account regularly for messages, pended requests, and requests for additional information.
- Reference existing ticket, claim, or authorization numbers when following up.
- Avoid opening duplicate escalations for the same issue.
- Contact Availity Essentials Client Services for technical website problems.
- Contact Healthy Blue Care Together for payer, claims, authorization, or provider configuration issues.

Electronic funds transfer (EFT) and electronic remittance advice (ERA):

- Providers can register for EFT and ERA through Blue Cross NC's Electronic Data Interchange (EDI) resources.

- For EFT, providers should use EnrollSafe to enroll or update banking information for electronic payments.
- For ERA/835, providers should use the Availity Essentials platform:
  - In Availity, go to My Providers > Enrollment Center > ERA Enrollment to enroll or manage ERA delivery.
- The payer name is Healthy Blue North Carolina, and the payer ID is 00602.
- Providers using a clearinghouse or billing vendor should work with that organization to complete setup.

Key service highlights (HFW, TASK, CHILD ACT)

High-Fidelity Wraparound

The High-Fidelity Wraparound (HFW) service is an intensive, team-based, and person-centered approach designed to provide coordinated and integrated care for children and youth with complex emotional, behavioral, or mental health needs. This approach is used in lieu of escalating to higher levels of care for members' behavioral, emotional, and mental health needs. It targets young people involved with multiple systems, such as mental health and juvenile justice, and those at risk of placement in residential or institutional settings. HFW is a structured, family- and youth-driven service model that provides intensive care coordination.

Prior authorization requirement
Prior authorization is not required for the initial nine months of service. The provider must submit a Notification Service Authorization Request to Healthy Blue Care Together within one week of service initiation. The initial pass-through authorization is for nine months, and the expected length of stay is 9 to 12 months, with one unit equal to one month.

After the initial nine-month pass-through period, reauthorization is required, and each reauthorization may be approved for no more than 60 days/2 units. Continued authorization requests must include a complete SAR, updated Person-Centered Plan, Comprehensive Clinical Assessment, service order, and crisis plan.

Pass-through: nine months

Procedure code	Service	PA requirement
H0032 U5	High-Fidelity Wraparound	Nine-month pass-through
H0032 U5 U1	High-Fidelity Wraparound Encounter	N/A

Utilization Management Guidelines: **NC_CAID_HBCT_HighFidelityWraparound.pdf**

Treatment alternatives for sexualized kids

Treatment alternatives for sexualized kids (TASK) is a targeted, EPSDT-only coverage exception, not a standard benefit. TASK is a specialized, community-based treatment model for youth who have engaged in sexually harmful or problematic sexual behavior. It is individualized, trauma-focused care delivered mostly in the home and natural environments, with individual, family, and group therapy

plus care management, provided by a dedicated clinician and care manager. It is also used as an alternative to juvenile detention in some cases.

Prior authorization requirement:
Comprehensive Evaluation of Sexual Harm (CESH) billing code:

- 90899: Prior authorization is not required for the evaluation.

TASK billing code:
H2029: This service is reviewed on an individual basis under EPSDT. Please note that EPSDT does not guarantee approval.

Procedure code	Service	PA Requirement
90899	Comprehensive Evaluation of Sexual Harm (CESH)	No PA requirements apply
H2029	Treatment Alternatives for Sexualized Kids (TASK)	EPSDT review

Child-Focused Assertive Community Treatment Team

Effective December 1, 2026, Child-Focused Assertive Community Treatment (Child ACT) Team will be implemented as an In Lieu of Service (ILOS) and reviewed in accordance with the ILOS Service Definition/UM Guideline. The ILOS Service Definition/UM Guideline will be posted on the HBCT website prior to December 1, 2026.

Prior authorization requirement: Prior authorization is required before starting Child ACT Team services.

Procedure code	Service	PA requirement
H0040 U5 HA	Assertive Community Treatment (Child ACT) Team	PA required prior to starting service
H0040 HA U5 TS	Child ACT Team Encounter	N/A

Common claim rejection codes

Billing provider issues:

- 127 — Billing provider NPI taxonomy is missing
- 123 — Billing provider NPI is not active on the statement beginning date
- 125 — Billing provider NPI is not active on the service start date
- 129 — Billing provider NPI is not registered with the submitted taxonomy on the statement beginning date
- 131 — Billing provider NPI is not registered with the submitted taxonomy on the service start date

Rendering provider issues:

- 337 — Rendering provider is not present on the claim
- 149 — Rendering provider NPI is not active on the service date/service start date
- 150 — Rendering provider NPI is not active on the service end date

- 152 — Rendering provider NPI is not registered with the submitted taxonomy
- 155 — Rendering provider NPI is not registered with the submitted taxonomy on the service start date

Attending provider issues:

- 136 — Attending provider NPI is not active on the statement end date
- 141 — Attending provider NPI is not registered with the submitted taxonomy on the statement beginning date

Referring provider issues:

- 230 — Referring provider NPI is not on the state file
- 233 — Referring provider NPI is not active on the service start date

Operating provider issues:

- 207 — Operating provider NPI is not active on the statement beginning date

NCTracks resources

For assistance or questions related to updating your NCTracks provider information, please contact the NCTracks Call Center. To update your information, log into the NCTracks Secure Provider Portal and use the Managed Change Request (MCR) to review and submit changes:

- NCTracks Call Center: **800-688-6696**
- **NCTracks Provider Portal Login**
- **NCTracks User Guides & Fact Sheets**
- **Enrolled Practitioner Search**