

Introduction to the OhioRISE Mixed Services Protocol

The OhioRISE Mixed Services Protocol clarifies financial responsibility for behavioral health services provided to youth who are enrolled in the OhioRISE plan. The protocol only includes those services that are covered by both the OhioRISE plan and the MCO and excludes the enhanced or new services that are only covered by the OhioRISE plan. Financial responsibility for behavioral health services provided to youth who are not enrolled in the OhioRISE plan remain the responsibility of the recipient's managed care organization or fee-for-service Medicaid.

Providers can use the OhioRISE Mixed Services Protocol to identify the entity to which claims should be submitted if a youth is enrolled in the OhioRISE plan. Services are defined in the column on the left, while the entity to which the claim should be routed, dependent on the date of service, is in the righthand column.

OhioRISE Mixed Services Protocol

(Applicable to Youth Enrolled in the OhioRISE Plan)

Service	Responsible Entity
CANS Assessment	
<ul style="list-style-type: none"> • Claims for CANS assessment (H2000) 	<p>The OhioRISE Plan beginning with the date after the OhioRISE enrollment date.</p> <p>If the date of service was prior to or the same date as the individual's enrollment in OhioRISE, the individual's MCO (or FFS).</p>
Community Behavioral Health Services*	
<ul style="list-style-type: none"> • All claims billed by community mental health agencies (Provider Type 84) and community substance use disorder (SUD) agencies (Provider Type 95) <ul style="list-style-type: none"> ○ Refer to OAC chapter 5160-27 ○ Refer to the BH Provider Manual on the Medicaid Behavioral Health Webpage 	The OhioRISE Plan.
Psychiatrists	
<ul style="list-style-type: none"> • All psychiatrist claims billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Professional claims billed by hospitals (Provider Type 01 or 02), professional medical groups (Provider Type 21), clinics (Provider Type 50), or physicians (Provider Type 20) when the rendering provider is a psychiatrist [a physician with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty] 	The OhioRISE Plan.
Physician Assistants	
<ul style="list-style-type: none"> • All Physician Assistant services billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Claims for which a Physician Assistant Provider Type/Provider Specialty 24/240 renders services when supervised by a psychiatrist for the services rendered 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Services rendered by a Physician Assistant Provider Type/Provider Specialty 24/240 that is not supervised by a psychiatrist for the services rendered 	The individual's MCO (or FFS).

Service	Responsible Entity
Psychiatric Advanced Practice Registered Nurse	
<ul style="list-style-type: none"> • Services billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Claims for which a clinical nurse specialist (Provider Type 65) or certified nurse practitioner (Provider Type 72) with psychiatric nursing specialty who renders services under a collaborative agreement with a psychiatrist for the services rendered 	The OhioRISE Plan.
Other Licensed Behavioral Health Professionals	
<ul style="list-style-type: none"> • Services provided in accordance with OAC rule 5160-8-05 • Billing provider is one of the following individual practitioners: <ul style="list-style-type: none"> ○ Psychologist (Provider Type/Provider Specialty 42/420) ○ Licensed Professional Clinical Counselor (LPCC) (Provider Type/Provider Specialty/PS 47/474) ○ Licensed Independent Social Worker (LISW) (Provider Type/Provider Specialty 37/370) ○ Licensed Independent Marriage and Family Therapist (LIMFT) (Provider Type/Provider Specialty 52/520) ○ Licensed School Psychologist (Provider Type/Provider Specialty 42/421) ○ Licensed Independent Chemical Dependency Counselor (LICDC) (Provider Type/Provider Specialty 54/540) 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Services provided in accordance with OAC rule 5160-8-05 • Services billed by professional medical groups (Provider Type 21) and clinics (Provider Type 50) when rendered by the following: <ul style="list-style-type: none"> ○ Psychologist (PT/PS 42/420) ○ Licensed Professional Clinical Counselor (LPCC) (PT/PS 47/474) ○ Licensed Independent Social Worker (LISW) (PT/PS 37/370) ○ Licensed Independent Marriage and Family Therapist (LIMFT) (PT/PS 52/520) ○ Licensed School Psychologist (PT/PS 42/421) ○ Licensed Independent Chemical Dependency Counselor (LICDC) (PT/PS 54/540) 	The OhioRISE Plan.

Service	Responsible Entity
Mobile Response & Stabilization Services (MRSS)	
<ul style="list-style-type: none"> • MRSS as described in OAC rule 5160-27-13 (to be effective 7/1/22) <ul style="list-style-type: none"> ○ See appendix to rule 5160-27-03 for MRSS billing codes 	The OhioRISE Plan.
Opioid Treatment Programs (OTP)	
<ul style="list-style-type: none"> • All claims billed by community SUD agencies (Provider Type 95), specialty 951 or 953 <ul style="list-style-type: none"> ○ Refer to the OTP Manual on the Medicaid Behavioral Health Webpage for a list of covered drugs 	The OhioRISE Plan.
Inpatient Hospital Services	
<ul style="list-style-type: none"> • General hospital: <ul style="list-style-type: none"> ○ Inpatient claim type; ○ A mental health or substance use disorder principal diagnosis code in the behavioral health range: F0150-F99, R440-R443, R450-R4582, R45850-R4589, R4681-R4689, or Z72810-Z72811; and ○ The reimbursement DRG is in the behavioral health range: 740, 750-760, 770 or 772-776 	<p>The OhioRISE Plan.</p> <p>An inpatient claim type with a principal diagnosis code or reimbursement DRG outside of the behavioral health range is the responsibility of the individual's MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the individual turns 21 during the psychiatric inpatient stay, the OhioRISE Plan is responsible for the hospital claim (admit through discharge) • If individual is transferred to/from medical to/from distinct part psychiatric unit, the psychiatric stay is billed to the OhioRISE Plan and medical is billed to the individual's MCO (or FFS) • Three-day roll-in: If individual is enrolled in OhioRISE at the time of the outpatient visit and there is a subsequent psychiatric inpatient admission at the same hospital, the outpatient visit will be rolled into the inpatient admission; if not already on the OhioRISE Plan and has a subsequent psychiatric inpatient admission, the individual's MCO (or FFS) is responsible for the outpatient services (services billed as OPHBH at general hospitals are excluded from the three-day roll-in)
<ul style="list-style-type: none"> • Psychiatric hospital: <ul style="list-style-type: none"> ○ All inpatient admissions in a psychiatric hospital (Provider Type 02) 	<p>The OhioRISE Plan.</p> <p>Note: If individual turns 21 during the psychiatric inpatient stay, the OhioRISE Plan is responsible for the hospital claim (admit through discharge).</p>

Service	Responsible Entity
Outpatient Hospital Services	
<ul style="list-style-type: none"> • General hospital: <ul style="list-style-type: none"> ○ Outpatient claim type without an Emergency Department CPT code (99281-99285) or Emergency Department revenue center code (045X); ○ Behavioral health primary diagnosis code from the ‘Outpatient Hospital Behavioral Health Diagnosis Codes’ list, available on ODM’s website (Resources for Providers > Billing > Fee Schedules and Rates > Schedules and Rates > Outpatient Hospital Behavioral Health Services); and ○ Behavioral health procedure code from the ‘Outpatient Hospital Behavioral Health Codes and Rates’ available on ODM’s website (Resources for Providers > Billing > Fee Schedules and Rates > Schedules and Rates > Outpatient Hospital Behavioral Health Services) except vaccine and laboratory codes 	<p>The OhioRISE Plan.</p> <p>All other Outpatient Hospital Services are the responsibility of the individual’s Medicaid MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • Hospitals may split bill if behavioral health services and non-behavioral health services were provided on the same date of service • Three-day roll-in: If individual is enrolled in OhioRISE at the time of the outpatient visit and there is a subsequent psychiatric inpatient admission at the same hospital, the outpatient visit will be rolled into the inpatient admission; if not already on the OhioRISE Plan and has a subsequent psychiatric inpatient admission, the individual’s MCO (or FFS) is responsible for the outpatient services (services billed as OPHBH at general hospitals are excluded from the three-day roll-in)
<ul style="list-style-type: none"> • Psychiatric hospital: <ul style="list-style-type: none"> ○ All outpatient claims billed by a psychiatric hospital (Provider Type 02) 	<p>The OhioRISE Plan.</p>
<ul style="list-style-type: none"> • Emergency Department: <ul style="list-style-type: none"> ○ CPT codes 99281-99285 and/or ○ Emergency Department revenue code 045X and all services associated with that Emergency Department visit (including observation and services that may be considered outpatient hospital behavioral health services) ○ Professional services provided in the Emergency Department (Place of Service code 23) 	<p>The individual’s MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • An Emergency Department visit without a subsequent behavioral health admission is the responsibility of the individual’s MCO (or FFS) • Hospitals may split bill when the individual is enrolled in OhioRISE if there was an Emergency Department visit and a planned outpatient behavioral health service on the same date of service • Three-day roll-in: If the individual is enrolled in OhioRISE and has a subsequent psychiatric inpatient stay at the same hospital, the Emergency Department visit is rolled into the inpatient admission; if the individual is not already on the OhioRISE Plan and has a subsequent psychiatric inpatient stay, the MCO (or FFS) is responsible

Service	Responsible Entity
Provider Administered Drugs	
<ul style="list-style-type: none"> • Billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95) <ul style="list-style-type: none"> ○ See the BH Provider Manual on the Medicaid Behavioral Health Webpage for list of covered drugs 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Professional claims billed by hospitals (Provider Type 01 or 02), professional medical groups (Provider Type 21), clinics (Provider Type 50), or physicians (Provider Type 20) when the rendering provider is: <ul style="list-style-type: none"> ○ A psychiatrist [a physician with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty]; or ○ A Physician Assistant (Provider Type 24) that is supervised by a psychiatrist for the services rendered; or ○ An Advanced Practice Registered Nurse (Provider Type 65 or 72) that has a collaborative agreement with a psychiatrist for the services rendered 	The OhioRISE Plan.
Pharmacist Services	
<ul style="list-style-type: none"> • Pharmacist services (Provider Type 69) in accordance with OAC rule 5160-8-52 billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95) 	The OhioRISE Plan.

Service	Responsible Entity
Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) Services	
<ul style="list-style-type: none"> Covered behavioral health services set forth in OAC rules 5160-28-03 and 5160-8-05 paid by ODM under the Prospective Payment System (PPS) 	<p>The OhioRISE Plan.</p> <p>Note: While ODM pays FQHCs and RHCs under the PPS, payment by the MCEs is made in accordance with the provider agreement</p>
<ul style="list-style-type: none"> Covered behavioral health services not paid by ODM under the PPS 	<p>The OhioRISE Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> While ODM pays FQHCs and RHCs under the PPS, payment by the MCEs is made in accordance with the provider agreement FQHCs/RHCs rendering behavioral health services set forth in Chapters 5160-27 and 5160-59 of the Ohio Administrative Code that are not covered under the PPS (e.g. H-code services) are submitted to the OhioRISE Plan under an FQHC or RHC's community mental health agencies (Provider Type 84) or community SUD agency (Provider Type 95) provider number.
<ul style="list-style-type: none"> FQHC/RHC wraparound payments 	<p>Fee-for-Service Medicaid.</p> <p>Notes:</p> <ul style="list-style-type: none"> If OhioRISE Plan pays less than ODM's pre-established per visit payment amount established for a covered PPS service that is also an OhioRISE covered service, the FQHC or RHC is eligible to receive a wraparound payment as set forth in Chapter 5160-28 of the OAC. A claim for a wraparound payment is submitted to ODM with either a T1015 and a U3 modifier or, for services rendered by a psychiatrist, it is submitted with a T1015 and a U1 modifier. Claim submission guidelines for wraparound payments can be found in The Answer Key #2. BH services not covered under the PPS are not eligible for wraparound payments